

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 10, 2003 8:00 am
Secretary of State

03-10-2003 90142 047 ****61.25

DOCUMENT # N44987

1. Entity Name

WILLIAMSBURG GARDENS HOMEOWNERS ASSOCIATION, INC



Principal Place of Business

**8430 WILLIAMSBURG CR
PENSACOLA FL 32514
US**

Mailing Address

**8430 WILLIAMSBURG CR
PENSACOLA FL 32514
US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **06-0344865**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**CAGLE, CATHY
8420 WILLIAMSBURG CR
PENSACOLA FL 32514**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **V** ☒ Delete
NAME **ATTWOOD, DOT**
STREET ADDRESS **8409 WILLIAMSBURG**
CITY-ST-ZIP **PENSACOLA FL 32514**

TITLE **PATTI SALVA** ☒ Change ☐ Addition
NAME **9910**
STREET ADDRESS **1013 N. SPAIN ST**
CITY-ST-ZIP **PENSACOLA FL 32501**

TITLE **DS** ☒ Delete
NAME **HANCOCK, PATTI**
STREET ADDRESS **8405 WILLIAMSBURG CR**
CITY-ST-ZIP **PENSACOLA FL 32514**

TITLE **DS** ☒ Change ☐ Addition
NAME **LOUISE STEWART**
STREET ADDRESS **8407 WILLIAMSBURG CR**
CITY-ST-ZIP **PENS FL 32514**

TITLE **DT** ☐ Delete
NAME **CAGLE, CATHY**
STREET ADDRESS **8420 WILLIAMSBURG CR**
CITY-ST-ZIP **PENSACOLA FL 32514**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **T** ☒ Delete
NAME **BRONNELL, BARBARA**
STREET ADDRESS **8415 WILLIAMSBURG**
CITY-ST-ZIP **PENSACOLA FL 32514**

TITLE **T** ☒ Change ☐ Addition
NAME **BILL BAMBARGER**
STREET ADDRESS **8411 WILLIAMSBURG CR**
CITY-ST-ZIP **PENS FL 32514**

TITLE **BM** ☒ Delete
NAME **TIGGLE, DOT**
STREET ADDRESS **383 EAST BURLAS RD.**
CITY-ST-ZIP **PENSACOLA FL 32503**

TITLE **BM** ☒ Change ☐ Addition
NAME **LINDA DATCH**
STREET ADDRESS **8403 WILLIAMSBURG CR**
CITY-ST-ZIP **PENS FL 32514**

TITLE **PD** ☐ Delete
NAME **DORTCH, TERRY**
STREET ADDRESS **8403 WILLIAMSBURG CR**
CITY-ST-ZIP **PENSACOLA FL 32514**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **Cathy Cagle** RECEIVED **CAGLE** 3-7-03 850-455-7345

CR2E037 (10/02)