

**2016 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N44987

**Entity Name:** WILLIAMSBURG GARDENS HOMEOWNERS ASSOCIATION, INC.**FILED**  
**Mar 20, 2016**  
**Secretary of State**  
**CC4340404922****Current Principal Place of Business:**8430 WILLIAMSBURG CR  
PENSACOLA, FL 32514**Current Mailing Address:**8430 WILLIAMSBURG CR  
PENSACOLA, FL 32514 US**FEI Number: 06-0344865****Certificate of Status Desired: Yes****Name and Address of Current Registered Agent:**DORTCH, TERRY L  
8403 WILLIAMSBURG CR  
PENSACOLA, FL 32514 US*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.***SIGNATURE:**

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title	DT
Name	STEWART, LAURA
Address	8407 WILLIAMSBURG CIR
City-State-Zip:	PENSACOLA FL 32514

Title	DS
Name	JERMYN, SONIA
Address	8405 WILLIAMSBURG CIR
City-State-Zip:	PENSACOLA FL 32514

Title	DV
Name	DORTCH, TERRY
Address	8403 WILLIAMSBURG CIR
City-State-Zip:	PENSACOLA FL 32514

Title	BM
Name	DORTCH, LINDA
Address	8403 WILLIAMSBURG CIR
City-State-Zip:	PENSACOLA FL 32514

Title	PD
Name	BAMBARGER, BILL
Address	8411 WILLIAMSBURG CR
City-State-Zip:	PENSACOLA FL 32514

Title	BM
Name	BERDELLANS, KATIE
Address	8402 WILLIAMSBURG CIRCLE
City-State-Zip:	PENSACOLA FL

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

**SIGNATURE: TERRY L. DORTCH****DV****03/20/2016**

Electronic Signature of Signing Officer/Director Detail

Date