

2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N44987

Entity Name: WILLIAMSBURG GARDENS HOMEOWNERS ASSOCIATION, INC.**FILED**
Apr 10, 2015
Secretary of State
CC5302371557**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	TUGGLE, DOROTHY
Address	4627 CALLE VENTOSO
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: LAURA E. STEWART**DT****04/10/2015**_____
Electronic Signature of Signing Officer/Director Detail_____
Date