

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
 AMOUNT DUE ON OR BEFORE 8/7/96: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25.)

NONPROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE
 Sandra B. Mortham
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # N44987 (8)

1. Corporation Name
 WILLIAMSBURG GARDENS HOMEOWNERS ASSOCIATION, INC



Principal Place of Business: 8415 WILLIAMSBURG CR. PENSACOLA FL 32514 US
 Mailing Address: 8415 WILLIAMSBURG CR. PENSACOLA FL 32514 US

3. Date Incorporated or Qualified: 09/04/1991
 3a. Date of Last Report: 01/30/1995

2. Principal Place of Business: 21
 Suite, Apt. #, etc.: 22
 City & State: 23
 Zip: 24
 Country: 25
 2a. Mailing Address: 26
 Suite, Apt. #, etc.: 27
 City & State: 28
 Zip: 29
 Country: 30

4. FEI Number: NOT APPLICABLE
 Applied For: Not Applicable
 5. Certificate of Status Desired: \$8.75 Additional Fee Required
 6. Election Campaign Financing Trust Fund Contribution: \$5.00 May Be Added to Fees
 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

9. Name and Address of Current Registered Agent
 SPATCH, CHARLES
 8415 WILLIAMSBURG CR.
 PENSACOLA FL 32514

10. Name and Address of New Registered Agent
 81 Name: Thomas Hale
 82 Street Address (P.O. Box Number is Not Acceptable): 8422 Williamsburg Cr
 83
 84 City: Pensacola FL 85 Zip Code: 32514

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of, Section 617.0503, Florida Statutes.
 SIGNATURE: [Signature] DATE: [Blank]

12. OFFICERS AND DIRECTORS

TITLE	PD	DELETE
NAME	JONES, LAURA A	
STREET ADDRESS	8428 WILLIAMSBURG CR.	
CITY-ST-ZIP	PENSACOLA FL	
TITLE	TD	DELETE
NAME	CAGLE, AMY C	
STREET ADDRESS	8420 WILLIAMSBURG CR.	
CITY-ST-ZIP	PENSACOLA FL	
TITLE	PD	DELETE
NAME	SPATCH, CHARLES	
STREET ADDRESS	8415 WILLIAMSBURG CR.	
CITY-ST-ZIP	PENSACOLA FL	
TITLE	FD	DELETE
NAME	HALE, THOMAS	
STREET ADDRESS	8422 WILLIAMSBURG CR.	
CITY-ST-ZIP	PENSACOLA FL	
TITLE	SD	DELETE
NAME	VROVE, JOAN ELAINE	
STREET ADDRESS	8428 WILLIAMSBURG CR.	
CITY-ST-ZIP	PENSACOLA FL	
TITLE		DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	Vice President	Change	Addition
1.2 NAME			
1.3 STREET ADDRESS			
1.4 CITY-ST-ZIP			
2.1 TITLE		Change	Addition
2.2 NAME			
2.3 STREET ADDRESS			
2.4 CITY-ST-ZIP			
3.1 TITLE	Board of Directors	Change	Addition
3.2 NAME			
3.3 STREET ADDRESS			
3.4 CITY-ST-ZIP			
4.1 TITLE	President	Change	Addition
4.2 NAME			
4.3 STREET ADDRESS			
4.4 CITY-ST-ZIP			
5.1 TITLE	SD (Secretary)	Change	Addition
5.2 NAME	Patricia Huncold		
5.3 STREET ADDRESS	8428 Williamsburg Cr		
5.4 CITY-ST-ZIP	Pensacola, FL 32514		
6.1 TITLE		Change	Addition
6.2 NAME			
6.3 STREET ADDRESS			
6.4 CITY-ST-ZIP			

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.
 SIGNATURE: [Signature] Date: 7-8-96 Daytime Phone #: 477-3481

CR2E037 (3/96)