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Jan 24 1997 8:00am
Secretary of State

NONPROFIT
CORPORATION
ANNUAL REPORT
1997



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 Mailing Address
8415 WILLIAMSBURG CR.
PENSACOLA FL 32514
US 8420 WILLIAMSBURG CIR
PENSACOLA FL 32514-6865

3. Date Incorporated or Qualified 09/04/1991 3a. Date of Last Report 07/17/1996
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

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

9. Name and Address of Current Registered Agent
HALE, THOMAS
8422 WILLIAMSBURG CR.
PENSACOLA FL 32514

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL 85 Zip Code

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: typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS
TITLE VP 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 BD DELETE
NAME SPATCH, CHARLES
STREET ADDRESS 8415 WILLIAMSBURG CR.
CITY-ST-ZIP PENSACOLA FL
TITLE P DELETE
NAME HALE, THOMAS
STREET ADDRESS 8422 WILLIAMSBURG CR.
CITY-ST-ZIP PENSACOLA FL
TITLE SD DELETE
NAME HANCOCK, PATRICIA
STREET ADDRESS 8405 WILLIAMSBURG CIRCLE
CITY-ST-ZIP PENSACOLA FL 32514
TITLE DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
1.1 TITLE 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 Change Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP
4.1 TITLE Change Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP
5.1 TITLE Change Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP
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 does not qualify for the exemption stated in Section 119.07(3)(i), 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: *Thomas C. Haled* 1-13-97 904-477-3421
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0073087

CR2E037 (9/96)