

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

FILED
 SECRETARY OF STATE
 DIVISION OF CORPORATIONS
 99 AUG -2 AM 9:40

DOCUMENT # **N 44987-**
 1. Corporation Name
**Gardens
 Williamsburg Home Owners Assc.**

Principal Place of Business Mailing Address
**8430 Williamsburg Cr. Same
 Pensacola, FL 32514**

21	2. Principal Place of Business 8430 Williamsburg Cr.	2a. Mailing Address Same	3. Date Incorporated or Qualified 1985				
22	Suite, Apt. #, etc.	Suite, Apt. #, etc.	4. FEI Number 060-34-4865				
23	City & State Pens, FL	City & State Same	5. Certificate of Status Desired PRO \$8.75 Additional Fee Required				
24	Zip 32514	Country USA	29	Zip Same	30	Country USA	6. Election Campaign Financing Trust Fund Contribution PRO \$5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent
**Cathy Cagle
 8420 Williamsburg Cr.
 Pens. FL 32514**

10. Name and Address of New Registered Agent

81	Name Cathy Cagle
82	Street Address (P.O. Box Number is Not Acceptable)
83	City Same
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 **Cathy Cagle Treasurer Cathy Cagle 5-17-99**

12. OFFICERS AND DIRECTORS

TITLE	President	<input type="checkbox"/> DELETE
NAME	Matthew Bennett	
STREET ADDRESS	Pens FL 8403 Williamsburg Cr.	
CITY-ST-ZIP	32514	
TITLE	Vice President	<input type="checkbox"/> DELETE
NAME	Dot Atwood	
STREET ADDRESS	8409 Williamsburg Cr	
CITY-ST-ZIP	Pens FL 32514	
TITLE	Treasurer	<input type="checkbox"/> DELETE
NAME	Cathy Cagle	
STREET ADDRESS	8420 Williamsburg Cr.	
CITY-ST-ZIP	Pens FL 32514	
TITLE	Secretary	<input type="checkbox"/> DELETE
NAME	Patti Hancock	
STREET ADDRESS	Pens, FL 8405 Williamsburg	
CITY-ST-ZIP	32514	
TITLE	Board Member	<input type="checkbox"/> DELETE
NAME	Charles Spatch	
STREET ADDRESS	Pens FL 8415 Williamsburg Cr.	
CITY-ST-ZIP	32514	
TITLE	Board member	<input type="checkbox"/> DELETE
NAME	Richard Dove	
STREET ADDRESS	Pens Beach 1500 # Dickens Rd.	
CITY-ST-ZIP	32561	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	President	
1.3 STREET ADDRESS	Matthew Bennett	
1.4 CITY-ST-ZIP	8403 Williamsburg Pens FL 32514	
2.1 TITLE	D	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Secretary	
2.3 STREET ADDRESS	Patti Hancock	
2.4 CITY-ST-ZIP	8405 Williamsburg Pens FL 32514	
3.1 TITLE	D	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	Treasurer	
3.3 STREET ADDRESS	Cathy Cagle	
3.4 CITY-ST-ZIP	8420 Williamsburg Pens. FL 32514	
4.1 TITLE	BT	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	Board member	
4.3 STREET ADDRESS	Charles Spatch	
4.4 CITY-ST-ZIP	8415 Williamsburg Pens FL 32514	
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	D	
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

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14. 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 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, with all other like empowered.

SIGNATURE: **CAGLE CATHY Cathy Cagle 5-17-99 850-477-3481**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (1/198)