

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 12, 2001 8:00 am
Secretary of State

03-12-2001 90475 032 ****61.25

DOCUMENT # N44987

1. Entity Name
WILLIAMSBURG GARDENS HOMEOWNERS ASSOCIATION, INC

A0031818



DO NOT WRITE IN THIS SPACE

Principal Place of Business Mailing Address
8420 WILLIAMSBURG CR **8420 WILLIAMSBURG CR**
PENSACOLA FL 32514 **PENSACOLA FL 32514**
US **US**

2. Principal Place of Business *Same* 3. Mailing Address *Same*
 Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country *USA* Zip Country *USA*

4. FEI Number **06-0344865** Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
CAGLE, CATHY
8420 WILLIAMSBURG CR
PENSACOLA FL 32514

7. Name and Address of New Registered Agent
 Name *Cathy Cagle*
 Street Address (P.O. Box Number is Not Acceptable)
8420 Williamsburg
 City *Pensacola* **FL** Zip Code *32514*

8. 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 *Cathy Cagle Treasurer Cathy Cagle* *3-7-01*
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**FILE NOW:
 FEE IS \$61.25**

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP BENNETT, MATTHEW 8403 WILLIAMSBURG PENSACOLA FL 32514	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS HANCOCK, PATTI 8405 WILLIAMSBURG CR PENSACOLA FL 32514	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT CAGLE, CATHY 8420 WILLIAMSBURG CR PENSACOLA FL 32514	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T SPATCH, CHARLES 8415 WILLIAMSBURG CR PENSACOLA FL 32514	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	BM DAVIE, RICHARD 1200 FT PICKENS RD PENSACOLA BCH FL 32561	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V ATWOOD, DOT 8409 WILLIAMSBURG CR PENSACOLA FL 32514	<input checked="" type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP <i>Dot Atwood</i> 8409 Williamsburg Pensacola FL 32514	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>Barbara Brownell</i> 8415 Williamsburg Pensacola FL 32514	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>BM Dot Tuggle</i> 383 East Bridges Rd. 32503	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>V Elizabeth Hale</i> 8420 Williamsburg Pensacola FL 32514	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *SIGNATURE REQUIRED* *3-7-01* *(850)-477-3481*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (10/00)