
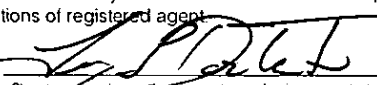


# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Sep 14, 2005 8:00 am**  
**Secretary of State**

09-14-2005 90002 006 \*\*\*\*61.25

<b>DOCUMENT # N44987</b>			
1. Entity Name <b>WILLIAMSBURG GARDENS HOMEOWNERS ASSOCIATION, INC.</b>			
Principal Place of Business <b>8430 WILLIAMSBURG CR PENSACOLA FL 32514 US</b>		Mailing Address <b>8430 WILLIAMSBURG CR PENSACOLA FL 32514 US</b>	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
6. Name and Address of Current Registered Agent  <b>DORTCH, TERRY L 8403 WILLIAMSBURG CR PENSACOLA FL 32514</b>		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code	
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. I am familiar with, and accept the obligations of registered agent.			
SIGNATURE:  <b>TERRY L. DORTCH</b>		DATE	
FILE NOW: FEE IS \$61.25 Due By May 1, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	
<b>Make Check Payable to Florida Department of State</b>			
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>V</b> <b>SALVAGGIO, PATTI</b> <b>1023 N SPRING ST</b> <b>PENSACOLA FL 32501</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP
			<b>SONYA JERMYN</b> <input type="checkbox"/> Change <input type="checkbox"/> Addition <b>8405 WILLIAMSBURG CIR.</b> <b>PENS FL 32514</b>
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>DS</b> <b>STEWART, LAURIE</b> <b>8407 WILLIAMSBURG CIR</b> <b>PENSACOLA FL 32514</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP
			<b>VALERIE VANCE</b> <input type="checkbox"/> Change <input type="checkbox"/> Addition <b>8420 WILLIAMSBURG CIR.</b> <b>PENS. FL 32514</b>
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>V</b> <b>GORE, DAN</b> <b>8420 WILLIAMSBURG CIR</b> <b>PENSACOLA FL 32514</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP
			<input type="checkbox"/> Change <input type="checkbox"/> Addition <b>SAME</b>
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>PD</b> <b>BAM BARGER, BILL</b> <b>8411 WILLIAMSBURG CIR</b> <b>PENSACOLA FL 32514</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP
			<input type="checkbox"/> Change <input type="checkbox"/> Addition <b>SAME</b>
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>BM</b> <b>DORTCH, LINDA</b> <b>8403 WILLIAMSBURG CIR</b> <b>PENSACOLA FL 32514</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP
			<input type="checkbox"/> Change <input type="checkbox"/> Addition <b>SAME</b>
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>DT</b> <b>DORTCH, TERRY</b> <b>8403 WILLIAMSBURG CR</b> <b>PENSACOLA FL 32514</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP
			<input type="checkbox"/> Change <input type="checkbox"/> Addition <b>SAME</b>



1st MOORE CR2E037 (10/04)

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

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

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:  **TERRY L. DORTCH** Date: **8/24/05** Daytime Phone #: **850-626-8000**