
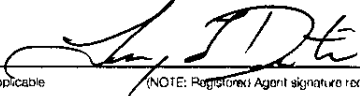


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Sep 05, 2006 08:00 AM
Secretary of State

DOCUMENT # N44987 1. Entity Name WILLIAMSBURG GARDENS HOMEOWNERS ASSOCIATION, INC.					
Principal Place of Business 8430 WILLIAMSBURG CR PENSACOLA FL 32514 US		Mailing Address 8430 WILLIAMSBURG CR PENSACOLA FL 32514 US			
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 06-0344865	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent DORTCH, TERRY L 8403 WILLIAMSBURG CR PENSACOLA FL 32514				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL 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 <u>TERRY L. DORTCH</u> <small>Signature, typed or printed name of registered agent and title if applicable</small>		 <small>(NOTE: Registered Agent signature required when reinstating)</small>		DATE 8-30-06	
FILE NOW: FEE IS \$61.25 Due By September 6, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees Make Check Payable to Florida Department of State	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	V SALVAGGIO, PATTI 1023 N SPRING ST PENSACOLA FL 32501	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 100000575925 09/05/06-80002-001 61.25	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DS STEWART, LAURIE 8407 WILLIAMSBURG CIR PENSACOLA FL 32514	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	V GORE, DAN 8420 WILLIAMSBURG CIR PENSACOLA FL 32514	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD BAM BARGER, BILL 8411 WILLIAMSBURG CIR PENSACOLA FL 32514	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	BM DORTCH, LINDA 8403 WILLIAMSBURG CIR PENSACOLA FL 32514	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DT DORTCH, TERRY 8403 WILLIAMSBURG CR PENSACOLA FL 32514	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	



2nd MOORE CR2E037 (4/06)

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 **TERRY L. DORTCH** 8/30/06 850-626-4000