


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 30, 2007 8:00 am
Secretary of State

04-30-2007 90389 048 ****61.25

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 - No P.O. Box #		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		7. Name and Address of New Registered Agent	
DORTCH, TERRY L 8403 WILLIAMSBURG CR PENSACOLA FL 32514		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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when registering.)</small>			



1st MOORE CR2E037 (10/06)

4. FEI Number	06-0344865	Applied For	<input type="checkbox"/>
		Not Applicable	<input type="checkbox"/>

5. Certificate of Status Desired	<input type="checkbox"/>	\$8.75 Additional Fee Required
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FILE NOW: FEE IS \$61.25 Due By May 1, 2007	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
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10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	V	<input checked="" type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SALVAGGIO, PATTI		NAME		
STREET ADDRESS	1023 N SPRING ST		STREET ADDRESS		
CITY - ST - ZIP	PENSACOLA FL 32501		CITY - ST - ZIP		
TITLE	DS	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	STEWART, LAURIE		NAME		
STREET ADDRESS	8407 WILLIAMSBURG CIR		STREET ADDRESS		
CITY - ST - ZIP	PENSACOLA FL 32514		CITY - ST - ZIP		
TITLE	V	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GORE, DAN		NAME		
STREET ADDRESS	8420 WILLIAMSBURG CIR		STREET ADDRESS		
CITY - ST - ZIP	PENSACOLA FL 32514		CITY - ST - ZIP		
TITLE	PD	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BAM BARGER, BILL		NAME		
STREET ADDRESS	8411 WILLIAMSBURG CIR		STREET ADDRESS		
CITY - ST - ZIP	PENSACOLA FL 32514		CITY - ST - ZIP		
TITLE	BM	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DORTCH, LINDA		NAME		
STREET ADDRESS	8403 WILLIAMSBURG CIR		STREET ADDRESS		
CITY - ST - ZIP	PENSACOLA FL 32514		CITY - ST - ZIP		
TITLE	DT	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DORTCH, TERRY		NAME		
STREET ADDRESS	8403 WILLIAMSBURG CR		STREET ADDRESS		
CITY - ST - ZIP	PENSACOLA FL 32514		CITY - ST - ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 4/17/07 850-623-8000
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #