2009 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT# N44987

FILED Oct 11, 2009 Secretary of State

Entity Name: WILLIAMSBURG GARDENS HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business: New Principal Place of Business: 8430 WILLIAMSBURG CR PENSACOLA, FL 32514 LIS **Current Mailing Address: New Mailing Address:** 8430 WILLIAMSBURG CR PENSACOLA, FL 32514 US FEI Number: 06-0344865 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: DORTCH, TERRY L 8403 WILLIAMSBURG CR PENSACOLA, FL 32514 US 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: TERRY L. DORTCH Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Delete (X) Change () Addition STEWART, LAURIE STEWART, LAURA Name: Name: 8407 WILLIAMSBURG CIR Address: 8407 WILLIAMSBURG CIR Address: City-St-Zip: PENSACOLA, FL 32514 US City-St-Zip: PENSACOLA, FL 32514 US Title: DS () Delete Title: DS (X) Change () Addition JERMY, N. SONIA Name: JERMYN, SONIA Name: Address: 8405 WILLIAMSBURG CIR Address: 8405 WILLIAMSBURG CIR City-St-Zip: PENSACOLA, FL 32514 US City-St-Zip: PENSACOLA, FL 32514 US Title: () Delete Title: () Change () Addition ATWOOD, DOT Name: Name: 8409 WILLIAMSBURG CIR Address: Address: City-St-Zip: PENSACOLA, FL 32514 US City-St-Zip: Title: () Delete Title: () Change () Addition Name: DORTCH, LINDA Name: 8403 WILLIAMSBURG CIR Address: Address: City-St-Zip: PENSACOLA, FL 32514 City-St-Zip: Title: PD () Delete Title: () Change () Addition DORTCH, TERRY Name: Name: 8403 WILLIAMSBURG CR Address: Address: City-St-Zip: PENSACOLA, FL 32514 US City-St-Zip: Title: () Delete Title: () Change () Addition TUGGLE, DOROTHY Name: Name: Address: 4627 CALLE VENTOSO Address: PENSACOLA, FL 32514 City-St-Zip: City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: LAURA E. STEWART DT 10/11/2009