


FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1997	 FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
DOCUMENT # <u>N94000000741</u>	
1. Corporation Name WATSON WOODS HOMEOWNERS, ASSOCIATION	

FILED

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business 279 Pine Lane, St. Augustine, Fl., 32086	Mailing Address 279 Pine Lane St. Augustine, Fl., 32086
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REINSTATEMENT 96-97

2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified 2/14/94	3a. Date of Last Report 12/15/96
21. Suite, Apt. #, etc.	26. Suite, Apt. #, etc.	4. FEI Number 59-3427780	Applied For <input type="checkbox"/> Not Applicable
22. City & State	27. City & State	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
23. Zip	28. Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
24. Country	29. Country	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent

Traynor, John M.
28 Cordova St.
St. Augustine, Fl., 32084

10. Name and Address of New Registered Agent

81. Name James E. Dimsdale
82. Street Address (P.O. Box Number is Not Acceptable) 4257 Oak Lane
83. City St. Augustine, FL
85. Zip Code 32086

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of Section 617.0903, Florida Statutes.

SIGNATURE

James E. Dimsdale
Signature typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

March 10, 1997

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	NAME	1.1 TITLE	1.2 NAME
PD James E. Dimsdale	4257 Oak Lane	1.3 STREET ADDRESS	1.4 CITY-ST-ZIP
St. Augustine, Florida, 32086			
TITLE	NAME	2.1 TITLE	2.2 NAME
STD John E. Dimsdale	279 Pine Lane	2.3 STREET ADDRESS	2.4 CITY-ST-ZIP
St. Augustine, Fl. 32086			
TITLE	NAME	3.1 TITLE	3.2 NAME
D Margaret Dimsdale	279 Pine Lane	3.3 STREET ADDRESS	3.4 CITY-ST-ZIP
St. Augustine, Fl, 32086			
TITLE	NAME	4.1 TITLE	4.2 NAME
		4.3 STREET ADDRESS	4.4 CITY-ST-ZIP
TITLE	NAME	5.1 TITLE	5.2 NAME
		5.3 STREET ADDRESS	5.4 CITY-ST-ZIP
TITLE	NAME	6.1 TITLE	6.2 NAME
		6.3 STREET ADDRESS	6.4 CITY-ST-ZIP

14. I do 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

James E. Dimsdale
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

James E. Dimsdale

Mar. 10, 1997 904-797-4875

Date

Daytime Phone #

CR2E037 (9/96)