NONPROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF GORPORATIONS

N94000000741 DOCUMENT #

1. Corporation Name

WATSON WOODS HOMEOWNERS' ASSOCIATION, INC.

Principal Place of Business

279 PINE LANE

ST. AUGUSTINE FL 32086

2. Principal Place of Business

21

Mailing Address

279 PINE LANE

2a. Mailing Address

26

ST. AUGUSTINE FL 32086

## **FILED** Jul 28, 1999 8:00 am Secretary of State

07-28-1999 90015 043 \*\*\*\*61.25



3. Date incorporated or Qualifed

02/14/1994

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Suite, Apt.	#, etc.	Suite, Apt. #, etc.					4. FEI Number 59:3427780	<del></del>	olied For Applicable	
22		City & State				-+	<u> </u>	\$8.75 A		
City & Stat	<b>9</b>	28	_				5. Certificate of Status Desired	Fee Rec		
Zip	Country	Zip	Co	untry	•	_	6. Election Campaign Financing	, \$5.00 r	May Be	
24	25	29	30				Trust Fund Contribution	Added to	) Fees	
	9. Name and Address of Current	Registered Agent					10. Name and Address of New Regis	stered Agent		
				81	Name					
DIMSDALE, JAMES E					Street Address (P.O. Box Number is Not Acceptable)					
4527 OAK LANE					82 Street Address (P.O. Box Number is Not Acceptable)					
ST. AUGUSTINE FL 32086										
51. AUGUSTINE FL 32000								[  <del></del>	<u> </u>	
1		ı		84	City			FL 85 Zip C	ode	
44 Dumunt	to the provinces of Sections 617.050	2 and 617 1508 Florida Statut	e the	ahove	-named co		ation submits this statement for the purp	oose of changing its r	registered	
office or r	onistered acent, or both, in the State (	of Florida. Such change was at	JITHORZE	ia by t	ne corpora	ation'	's board of directors. I hereby accept the	appointment as reg	jistered	
agent. I a	m familiar with, and accept the obligat	ions of, Section 617.0503, Flo	rida Sta	tutes.						
SIGNATURE						- Total	Land to the factor of the fact	DATE		
	Signature, typed or printed name of registered agen		Registere		signature requ	uired W	ADDITIONS/CHANGES TO OFFICE		RS IN 12	
12.	OFFICERS AN	D DIRECTORS	_	TITLE			ADDITIONS/CHANGES TO CITICAL	Change	Addition	
TILLE	PD	Chocrete			ì			onlange		
NAME	DIMSDALE, JAMES E			AME						
STREET ADDRESS					ADDRESS					
CITY-ST-ZIP	ST. AUGUSTINE FL 32086		_	CITY-ST	-ZIP				Addition	
πLE .	STD	☐ DELETE	2.11	MLE				☐ Change		
NAME	DIMSDALE, JOHN E		2.21	AME	-					
STREET ADDRESS				2.3 STREET ADDRESS						
CITY+ST-ZIP:>>>>				2. 4 CITY-ST-ZIP						
TITLE	D	DELETE 3.1			3.1 TITLE			☐ Change	Addition	
NAME	DIMSDALE, MARGARET 3.21			3.2 NAME						
STREET ADDRESS				3.3 STREET ADDRESS						
CITY-ST-ZIP	ST. AUGUSTINE FL 32086			3.4. CITY-ST-ZIP						
TITLE				4.1 TITLE				☐ Change	☐ Addition	
NAME			4.2	NAME	ļ					
STREET ADDRESS			4.3 5	TREET.	ADDRESS					
CITY-ST-ZIP				CITY-ST						
TITLE		☐ DELETE	_	ITLE	-			☐ Change	Addition	
NAME				VAME						
			5.3 9	STREET.	ADDRESS					
STREET ADDRESS	}		1	CITY-ST	ì					
CITY-ST-ZIP		☐ DELETE	_	ITLE				☐ Change	Addition	
TITLE				NAME	1			_ ,	_	
NAME					ADDRESS					
STREET ADDRESS										
CITY_ST_ZIP	I '*		6.4 (	CITY-ST	-ZP ]					

14. 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 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 embewered to execute this report as required by Chapter 617. Florida Statutes; and that my name appears in Block 12 or Block 13 if changes or on an attachment with an address, with all other like empowered.

SIGNATURE: