
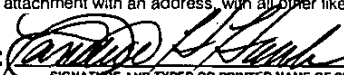


# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 17, 2005 8:00 am**  
**Secretary of State**

03-17-2005 90022 032 \*\*\*\*61.25

<b>DOCUMENT # N02000008695</b> 1. Entity Name WATERSTONE HOMEOWNERS ASSOCIATION, INC.					
Principal Place of Business 1350 ORANGE AVE., STE 100 WINTER PARK, FL 32-7898 US			Mailing Address 1350 ORANGE AVE., STE 100 SUITE 100 WINTER PARK, FL 32-7898 US		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		02282005 Chg-NP CR2E037 (10/03)	
Zip		Country		4. FEI Number 65-0326491	
				5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
PHILLIPS, ROGER V ATWOOD-PHILLIPS INC. 1350 ORANGE AVENUE, SUITE 100 WINTER PARK, FL 32789				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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
<b>Filing Fee is \$61.25</b> <b>Due by May 1, 2005</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>Make check payable to Florida Department of State</b>					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	PD	<input checked="" type="checkbox"/> Delete	TITLE	PD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	CARMICHAEL, WILLIAM T		NAME	FRANKS, COLBY	
STREET ADDRESS	11315 CORPORATE BOULEVARD, SUITE 250		STREET ADDRESS	105 E Robinson St Ste 312	
CITY-ST-ZIP	ORLANDO, FL 32817		CITY-ST-ZIP	Orlando FL 32801	
TITLE	T	<input checked="" type="checkbox"/> Delete	TITLE	VD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	HERNDON, JEANNINE		NAME	HAWKS, CANDICE	
STREET ADDRESS	11315 CORPORATE BLVD. #250		STREET ADDRESS	105 E Robinson St Ste 312	
CITY-ST-ZIP	ORLANDO, FL 32817		CITY-ST-ZIP	Orlando FL 32801	
TITLE	T	<input checked="" type="checkbox"/> Delete	TITLE	STD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BURLESON, ASHLEY		NAME	LEVA, MIKE	
STREET ADDRESS	11315 CORPORATE BLVD.		STREET ADDRESS	105 E Robinson St Ste 312	
CITY-ST-ZIP	ORLANDO, FL 32817		CITY-ST-ZIP	Orlando FL 32801	
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
12. 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 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.					
<b>SIGNATURE:</b>  <b>Candice H. Hawks</b> 3/2/05 407-872-1697					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #					