

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N08790 (0)

1. Corporation Name
THE WATERS OF WEEKI WACHEE PROPERTY OWNERS' ASSOCIATION, INC.



Principal Place of Business: **9025 CITRUS WAY BROOKSVILLE FL 34601**
Mailing Address: **9025 CITRUS WAY BROOKSVILLE FL 34601**

3. Date Incorporated or Qualified: **04/18/1985**
3a. Date of Last Report: **02/14/1995**

21	2. Principal Place of Business	26	2a. Mailing Address	4.	FEI Number 59-2698035	Applied For
	Suite, Apt. #, etc.		Suite, Apt. #, etc.			Not Applicable
22	23	27	28	5.	Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required
	City & State		City & State		6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/> \$5.00 May Be Added to Fees
24	25	29	30	8.	This corporation has liability for intangible tax under s. 199.032, Florida Statutes	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
	Zip		Country			

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
MCATEER, DERRILL 1028 SO MILDRED AVE BROOKSVILLE FL 34601				81	Name		
				82	Street Address (P.O. Box Number is Not Acceptable) 20491 POWELL ROAD		
				83			
				84	City	BROOKSVILLE	FL

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 617.0503, Florida Statutes.

SIGNATURE: *Derrill McAttee*
Signature typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MCATEER, DERRILL	1.2 NAME	
STREET ADDRESS	1028 SO MILDRED AVE	1.3 STREET ADDRESS	20491 POWELL ROAD
CITY-ST-ZIP	BROOKSVILLE FL	1.4 CITY-ST-ZIP	BROOKSVILLE FL 34609
TITLE	SD	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SCHINDLER, DAVID R.	2.2 NAME	
STREET ADDRESS	111 MADISON STREET	2.3 STREET ADDRESS	
CITY-ST-ZIP	TAMPA FL	2.4 CITY-ST-ZIP	
TITLE	VTD	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PHILLIPS, STEVEN J.	3.2 NAME	
STREET ADDRESS	8441 JOLLY ROGER DRIVE	3.3 STREET ADDRESS	
CITY-ST-ZIP	HUDSON FL	3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: *Derrill McAttee*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Feb 12, 1996 352 1999933
Date Daytime Phone #

CR2E037 (12/95)