

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N08790

1. Entity Name

THE WATERS OF WEEKI WACHEE PROPERTY OWNERS' ASSO

FILED
Mar 30, 2000 8:00 am
Secretary of State

03-30-2000 90072 049 ****61.25

Principal Place of Business 5465 COMMERCIAL WAY SPRINGHILL FL 34606	Mailing Address 5465 COMMERCIAL WAY SPRINGHILL FL 34606-1110
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State

4. FEI Number 59-2698035	- Applied For - Not Applicable
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	
DOUGHERTY, JOHN A CPA 5465 COMMERCIAL WAY SPRINGHILL FL 34606		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.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW: FEE IS \$61.25	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees	Make Check Payable to Department of State
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD SMART, JOHN M 7275 CRYSTAL SPRING RUN SPRING HILL FL <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD H.M. Shirley, Jr. Ponte 6160 New Osprey Spring Hill, FL 34607 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD CARADONNA, RICHARD 11307 CORTEZ BLVD BROOKSVILLE FL <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD Barry Lalonde 7269 Crystal Spring Run Spring Hill, FL 34607 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD GUARINO, MICHAEL 7268 CRYSTAL SPRING RUN SPRING HILL FL 34607 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S BURCAW, KAREN 11373 CORTEZ BLVD BROOKSVILLE FL <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD Vernon Allen 6106 Waters Way Spring Hill, FL 34607 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FLATAU, ARTHUR 11373 CORTEZ BLVD BROOKSVILLE FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HARRIS, TRACY J 9625 ALONZO RD RIVERVIEW FL <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Edsel Mosley 7277 Crystal Spring Run Spring Hill, FL 34607 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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.

SIGNATURE: ASIA W. L. REHM H.M. Shirley, Jr. DATE: 3/27/00 DAYTIME PHONE #: 352-597-2666
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (9/99)