

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 09, 2001 8:00 am
Secretary of State

03-09-2001 90014 022 ****61.25

DOCUMENT # N08790

1. Entity Name

THE WATERS OF WEEKI WACHEE PROPERTY OWNERS' ASSO

Principal Place of Business

Mailing Address

5465 COMMERCIAL WAY
 SPRINGHILL FL 34606

5465 COMMERCIAL WAY
 SPRINGHILL FL 34606

2. Principal Place of Business

3. Mailing Address

6100 Waters Way

6100 Waters Way

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Spring Hill, FL

City & State

Spring Hill, FL

4. FEI Number

59-2698035

Applied For

Not Applicable

Zip

34607

Country

USA

Zip

34607

Country

USA

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

~~DOUGHERTY, JOHN A CPA
 5465 COMMERCIAL WAY
 SPRINGHILL FL 34606~~

7. Name and Address of New Registered Agent

Name: John J. Franklin, Jr.
 Street Address (P.O. Box Number is Not Acceptable): 6129 Deltona Blvd.
 City: Spring Hill FL Zip Code: 34606

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

[Signature]
 2/10/01

**FILE NOW:
 FEE IS \$61.25**

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS

TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	SMART, JOHN M	
STREET ADDRESS	7275 CRYSTAL SPRING RUN	
CITY-ST-ZIP	SPRING HILL FL	
TITLE	VPD	<input checked="" type="checkbox"/> Delete
NAME	CARADONNA, RICHARD	
STREET ADDRESS	11307 CORTEZ BLVD	
CITY-ST-ZIP	BROOKSVILLE FL	
TITLE	TD	<input checked="" type="checkbox"/> Delete
NAME	GUARINO, MICHAEL	
STREET ADDRESS	7268 CRYSTAL SPRING RUN	
CITY-ST-ZIP	SPRING HILL FL 34607	
TITLE	S	<input checked="" type="checkbox"/> Delete
NAME	BURCAW, KAREN	
STREET ADDRESS	11373 CORTEZ BLVD	
CITY-ST-ZIP	BROOKSVILLE FL	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	FLATAU, ARTHUR	
STREET ADDRESS	11373 CORTEZ BLVD	
CITY-ST-ZIP	BROOKSVILLE FL	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	HARRIS, TRACY J	
STREET ADDRESS	9625 ALONZO RD	
CITY-ST-ZIP	RIVERVIEW FL	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	President	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Hm Shirley, Jr	
STREET ADDRESS	6160 New Osprey Pointe	
CITY-ST-ZIP	Spring Hill, FL 34607	
TITLE	VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Barry LaHonde	
STREET ADDRESS	7268 Crystal Spring Run	
CITY-ST-ZIP	Spring Hill, FL 34607	
TITLE	Treasurer	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Michael Guarino	
STREET ADDRESS	7268 Crystal Spring Run	
CITY-ST-ZIP	Spring Hill, FL 34607	
TITLE	Secretary	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Vern Allen	
STREET ADDRESS	6106 Waters Way	
CITY-ST-ZIP	Spring Hill, FL 34607	
TITLE	Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Betty Falkowski	
STREET ADDRESS	6188 New Osprey Pointe	
CITY-ST-ZIP	Spring Hill, FL 34607	
TITLE	Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Stephen Toner	
STREET ADDRESS	4088 Commercial Way	
CITY-ST-ZIP	Spring Hill, FL 34606	

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.

SIGNATURE:

[Signature]
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

02/12/01 352-597-2666

CR2E037 (10/00)