

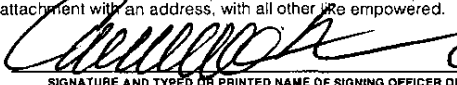


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 22, 2004 8:00 am
Secretary of State

03-22-2004 90070 004 ****61.25

DOCUMENT # N08790					
1. Entity Name THE WATERS OF WEEKI WACHEE PROPERTY OWNERS' ASSOCIATION, INC.					
Principal Place of Business 6100 WATERS WAY SPRING HILL, FL 34607 US			Mailing Address 6100 WATERS WAY SPRING HILL, FL 34607 US		
2. Principal Place of Business 6100 WATERS WAY Suite, Apt. #, etc.		3. Mailing Address 12122 CORTEZ BLVD. Suite, Apt. #, etc.			
City & State SPRING HILL, FL		City & State BROOKSVILLE, FL		4. FEI Number 59-2698035	
Zip 34607		Country USA		Applied For Not Applicable	
Zip 34607		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent FRANKLIN, JOHN J JR 19201 CORTEZ BLVD BROOKSVILLE, FL 34601			7. Name and Address of New Registered Agent Name JOHN DOUGHERTY Street Address (P.O. Box Number is Not Acceptable) 12122 CORTEZ BOULEVARD City BROOKSVILLE FL Zip Code 34613		
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 				DATE 3-13-04	
Filing Fee is \$61.25 Due by May 1, 2004		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
				Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	GUERIN, MARK	NAME			
STREET ADDRESS	7280 CRYSTAL SPRING RUN	STREET ADDRESS			
CITY-ST-ZIP	SPRING HILL, FL 34607	CITY-ST-ZIP			
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	ROEBUCK, BRIAN	NAME			
STREET ADDRESS	6162 NEW OSPREY POINTE	STREET ADDRESS			
CITY-ST-ZIP	SPRING HILL, FL 34607	CITY-ST-ZIP			
TITLE	PD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	GUARINO, MICHAEL	NAME			
STREET ADDRESS	7268 CRYSTAL SPRING RUN	STREET ADDRESS			
CITY-ST-ZIP	SPRING HILL, FL 34607	CITY-ST-ZIP			
TITLE	VPD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	TONER, STEPHEN	NAME			
STREET ADDRESS	6154 WATERS WAY	STREET ADDRESS			
CITY-ST-ZIP	SPRING HILL, FL 34607	CITY-ST-ZIP			
TITLE	TD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	MOORS, CRISTINE	NAME			
STREET ADDRESS	6152 WATERS WAY	STREET ADDRESS			
CITY-ST-ZIP	SPRING HILL, FL 34607	CITY-ST-ZIP			
TITLE	SD <input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	FALKOWSKI, ELIZABETH	NAME			
STREET ADDRESS	6158 NEW OSPREY POINTE	STREET ADDRESS			
CITY-ST-ZIP	SPRING HILL, FL 34607	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 I am empowered.					
SIGNATURE: 		CRISTINE MOORS		3/12/04 352-592-3962	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date		Daytime Phone #	