


**2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Mar 30, 2006 8:00 am**  
**Secretary of State**

03-30-2006 90027 002 \*\*\*\*61.25

<b>DOCUMENT # N08790</b>					
1. Entity Name <b>THE WATERS OF WEEKI WACHEE PROPERTY OWNERS' ASSOCIATION, INC.</b>					
Principal Place of Business <b>6100 WATERS WAY</b> <b>SPRING HILL, FL 34607 US</b>			Mailing Address <b>12122 CORTEZ BLVD</b> <b>BROOKSVILLE, FL 34613 US</b>		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number <b>59-2698035</b>	
				Applied For <input type="checkbox"/> Not Applicable	
				5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75</b> Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
<b>DOUGHERTY, JOHN</b> <b>12122 CORTEZ BLVD</b> <b>BROOKSVILLE, FL 34613</b>			Name  Street Address (P.O. Box Number is Not Acceptable)  City <div style="text-align: right;"><b>FL</b> Zip Code</div>		
B. 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 _____					
<small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>Filing Fee is \$61.25</b> <b>Due by May 1, 2006</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00</b> 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	SD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	LEVIJA, JENNIE		NAME	KARYN FLATAU	
STREET ADDRESS	6148 WATERS WAY		STREET ADDRESS	6138 WATERS WAY	
CITY-ST-ZIP	SPRING HILL, FL 34607		CITY-ST-ZIP	Spring Hill, FL 34607	
TITLE	VPD	<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	D	<input checked="" type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PARKER, CHRISTINE		NAME		
STREET ADDRESS	7269 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	MARSHALL, BRYAN		NAME		
STREET ADDRESS	6152 NEW OSPREY POINTE		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	PIECHOTA, ANN M		NAME		
STREET ADDRESS	6144 WATERS WAY		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 exemptions contained in Chapter 119, 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: <i>Ann Piechota</i> ANN Piechota			3/15/06 352-596-1462		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date Daytime Phone #		

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