

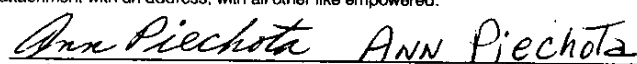


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 28, 2007 8:00 am
Secretary of State

03-28-2007 90008 039 ****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 12122 CORTEZ BLVD BROOKSVILLE, FL 34613 US	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address 4048 Deltona Blvd.	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State Spring Hill	
Zip	Country	Zip	Country
34606	US	34606	US
4. FEI Number 59-2698035		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
03092007 Chg-NP		CR2E037 (12/06)	
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
DOUGHERTY, JOHN 12122 CORTEZ BLVD BROOKSVILLE, FL 34613		Name	
		Street Address (P.O. Box Number is Not Acceptable)	
		4048 Deltona Blvd.	
		City	Zip Code
		Spring Hill	FL 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. I am familiar with, and accept the obligations of registered agent.			
SIGNATURE 		DATE 3/15/07	
Signature typed or printed name of registered agent and title if applicable.		(NOTE: Registered Agent signature required when reinstating)	
Filing Fee is \$61.25 Due by May 1, 2007		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	LEVIJA, JENNIE	NAME	
STREET ADDRESS	6148 WATERS WAY	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	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	SD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FLATAU, KARYN	NAME	
STREET ADDRESS	6138 WATERS WAY	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: 		DATE: 3/9/07	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date	
		Daytime Phone # 352-596-1462	