


# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 25, 2007 8:00 am**  
**Secretary of State**

01-25-2007 90041 017 \*\*\*150.00

<b>DOCUMENT # K83672</b>	
1. Entity Name <b>HOMES AT WATER OAK ESTATES, INC.</b>	

Principal Place of Business <b>% RANDOLPH J RUSH 250 PARK AVE SO, 5TH FLOOR WINTER PARK, FL 32789 US</b>	Mailing Address <b>% RANDOLPH J RUSH 250 PARK AVE SO, 5TH FLOOR WINTER PARK, FL 32789 US</b>
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2. Principal Place of Business - No P.O. Box # <b>329 Park Avenue North</b>	3. Mailing Address <b>329 Park Avenue North</b>
Suite, Apt. #, etc. <b>Second Floor</b>	Suite, Apt. #, etc. <b>Second Floor</b>

City & State <b>Winter Park, FL</b>	City & State <b>Winter Park, FL</b>
Zip <b>32789</b>	Country <b>USA</b>

01172007 Chg-P CR2E034 (12/06)

4. FEI Number <b>59-2944363</b>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
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6. Name and Address of Current Registered Agent <b>WHWW, INC. 390 NORTH ORANGE AVENUE SUITE 1500 ORLANDO, FL 32801</b>
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7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code
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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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)	DATE
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<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
<b>DVST QUICK, BLAINE B. POB 271 RANCHO SANTA FE, CA 92067</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
<b>DV LANGBERG, SAMUEL 10114 EMPYREAN WAY LOS ANGELES, CA 900673808</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
<b>DP LANGBERG, MARK L 2 NETHERTON CT MORAGA, CA 94556</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
<b>VP RUSH, RANDOLPH J 250 PARK AVENUE SOUTH 5 FLOOR WINTER PARK, FL 32789</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
<b>329 Park Avenue North, Second Floor Winter Park, FL 32789</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 607, 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	Date <b>1/22/07</b>	Daytime Phone # <b>4074234246</b>
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