

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Aug 12, 2005 8:00 am
Secretary of State

08-12-2005 90049 026 ****50.00

DOCUMENT # L04000020995

1. Entity Name
WATERMARK PONDS & DECKS, L.L.C.



Principal Place of Business
**6631 EMERSON AVENUE SOUTH
ST. PETERSBURG, FL 33707**

Mailing Address
**6631 EMERSON AVENUE SOUTH
ST. PETERSBURG, FL 33707**

20066671



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

05102005 Chg-LLC CR2E083 (10/03)

City & State

City & State

4. FEI Number
20-0989063

Applied For
Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

**COHRS, DENIS A
2575 ULMERTON ROAD, SUITE 210
CLEARWATER, FL 33762**

7. Name and Address of New Registered Agent

Name **John C Guarino**
Street Address (P.O. Box Number is Not Acceptable)
424 Central Ave Suite 1000
City **St Petersburg** FL Zip Code **33701-3828**

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)

8/2/05 DATE

**Filing Fee is \$50.00
Due by September 7, 2005**

**Make check payable to
Florida Department of State**

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE **President** ☐ Delete
NAME **William Waterman**
STREET ADDRESS **6631 Emerson Ave S**
CITY-ST-ZIP **St Petersburg FL 33707**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **Vice President** ☐ Delete
NAME **Natasha Boughen Waterman**
STREET ADDRESS **6631 Emerson Ave S**
CITY-ST-ZIP **St Petersburg FL 33707**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

William C Waterman

Date

Daytime Phone #

Aug 8-05 727343-7663