

**2008 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 04, 2008 8:00 am
Secretary of State

04-04-2008 90012 005 ****70.00

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1. Entity Name
WATERMAN COVE, INC.



Principal Place of Business
**250 BROOKFIELD AVENUE
MT. DORA, FL 32757**

Mailing Address
**250 BROOKFIELD AVENUE
MT. DORA, FL 32757**

DO NOT WRITE IN THIS SPACE



02072008 No Chg-NP CR2E037 (4/06)

4. FEI Number
20-3978920

Applied For
Not Applicable

5. Certificate of Status Desired



\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**A.G.C. CO.
200 S. ORANGE AVENUE
SUITE 1100
ORLANDO, FL 32801**

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IN THIS SPACE**

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

**Filing Fee is \$61.25
Due by May 1, 2008**

9. Election Campaign Financing
Trust Fund Contribution.



\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
LIND, DALE
250 BROOKFIELD AVENUE
MT. DORA, FL 32757**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
MCEWIN, KEVIN
250 BROOKFIELD AVENUE
MT. DORA, FL 32757**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
LLOYD, CHARLES
250 BROOKFIELD AVENUE
MT. DORA, FL 32757**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**DO NOT WRITE
IN THIS SPACE**

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/31/08

Date

352-383-0051

Daytime Phone #