

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED
AND
FILED

95 MAY -1 PM 12: 08

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **N06972** (6)
1. Corporation Name
WATERMILL HOMEOWNERS' ASSOCIATION, INC.

Principal Place of Business Mailing Address
P. O. BOX 1086 GOLDENROD FL 32733 P. O. BOX 1086 GOLDENROD FL 32733

2. Principal Place of Business 2a. Mailing Address
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.
22 City & State 27 City & State
23 Zip Country 28 Zip Country
24 25 29 30

DO NOT WRITE IN THIS SPACE
3. Date Incorporated or Qualified 3a. Date of Last Report
01/04/1985 **03/15/1994**
4. FEI Number Applied For
NOT APPLICABLE Not Applicable
5. Certificate of Status Desired \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status \$68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent
HAYDEN, ROBERT
4512 BRIDGEWATER DR.
ORLANDO FL 32817

10. Name and Address of New Registered Agent
81 Name **GREGORY Holcomb**
82 Street Address (P.O. Box Number is Not Acceptable)
83 **4753 GORHAM AVE**
84 City **ORLANDO** FL 85 **32817**

11. Pursuant to the provisions of Sections 607.05(2) and 607.1505, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.
SIGNATURE *Gregory A. Holcomb* **Gregory A. Holcomb** DATE **4/27/95**

12. OFFICERS AND DIRECTORS
TITLE V
NAME DAVIS, SUSAN
STREET ADDRESS 4777 LONSDALE CIRCLE
CITY-ST-ZIP ORLANDO FL
TITLE SD
NAME OWENS, BERT
STREET ADDRESS 4725 LAKE SHARP DR.
CITY-ST-ZIP ORLANDO FL
TITLE TD
NAME OWENS, MICKEY
STREET ADDRESS 9216 AMITY COURT
CITY-ST-ZIP ORLANDO FL
TITLE PD
NAME HAYDEN, ROBERT
STREET ADDRESS 4512 BRIDGEWATER DR.
CITY-ST-ZIP ORLANDO FL 32817

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
1.1 TITLE AL SINES - V Change Addition
1.2 NAME
1.3 STREET ADDRESS 9323 WHITTINGHAM AVE
1.4 CITY-ST-ZIP ORLANDO FL 32817
2.1 TITLE GEORGE REBK - SD Change Addition
2.2 NAME
2.3 STREET ADDRESS 9290 LAKE SHARP CT.
2.4 CITY-ST-ZIP ORLANDO FL 32817
3.1 TITLE Change Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP
4.1 TITLE PD Change Addition
4.2 NAME Holcomb, Gregory A.
4.3 STREET ADDRESS 4753 Gorham Ave
4.4 CITY-ST-ZIP Orlando FL 32817
5.1 TITLE Change Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP
6.1 TITLE Change Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(b), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Gregory A. Holcomb* **Gregory A. Holcomb** DATE **4/27/95** 407-679-8969