

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION
ANNUAL REPORT
1996



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

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

3. Date Incorporated or Qualified
01/04/1985

3a. Date of Last Report
05/01/1995

2. Principal Place of Business

2a. Mailing Address

21

26

4. FEI Number
NOT APPLICABLE

Applied For
Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

22

27

6. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**

23

28

City & State

City & State

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

24

25

Country

29

Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**HOLCOMB, GREGORY
4753 GORHAM AVE
ORLANDO FL 32817**

81 Name **Steven C. Blinn**
82 Street Address (P.O. Box Number is Not Acceptable) **4936 Lake Sharp Dr.**
83
84 City **Orlando, FL** 85 Zip Code **32817**

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE

Steven C. Blinn

1/28/96

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating.)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	V	<input checked="" type="checkbox"/> DELETE
NAME	SINES, AL	
STREET ADDRESS	9333 WHITTINGHAM AVE	
CITY-ST-ZIP	ORLANDO FL	
TITLE	SD	<input checked="" type="checkbox"/> DELETE
NAME	REEK, GEORGE	
STREET ADDRESS	9290 LAKE SHARP CT	
CITY-ST-ZIP	ORLANDO FL	
TITLE	TD	<input checked="" type="checkbox"/> DELETE
NAME	OWENS, MICKEY	
STREET ADDRESS	9216 AMITY COURT	
CITY-ST-ZIP	ORLANDO FL	
TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	HOLCOMB, GREGORY A.	
STREET ADDRESS	4753 GORHAM AVE	
CITY-ST-ZIP	ORLANDO FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

1.1 TITLE	President / Director	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	R. L. Kroh	
1.3 STREET ADDRESS	4771 Lonsdale Cir.	
1.4 CITY-ST-ZIP	Orlando, FL 32817	
2.1 TITLE	Treasurer / Director	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Steven C. Blinn	
2.3 STREET ADDRESS	4936 Lake Sharp Drive	
2.4 CITY-ST-ZIP	Orlando, FL 32817	
3.1 TITLE	B.B. Hayden-Secrtry/Dir	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS	4512 Bridgewater Drive	
3.4 CITY-ST-ZIP	Orlando, FL 32817	
4.1 TITLE	Director	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	John H. Cameron	
4.3 STREET ADDRESS	4310 Piermont Court	
4.4 CITY-ST-ZIP	Orlando, FL 32817	
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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 119.07(3)(4), 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: *Steven C. Blinn* Steven C. Blinn 1/28/96 (407) 677-8020
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (12/95)