

FILE NOW: FILING FEE IS \$61.25

FILED

Feb 14 1997 8:00am
Secretary of State

NONPROFIT CORPORATION
ANNUAL REPORT
1997



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 32733-1086

3. Date Incorporated or Qualified 01/04/1985
3a. Date of Last Report 03/07/1996

2. Principal Place of Business

2a. Mailing Address

4. FEI Number NOT APPLICABLE
Applied For Not Applicable

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

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

22 City & State

27 City & State

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

23 Zip

Country

28 Zip

Country

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

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

BLINN, STEVEN C
4936 LAKE SHARP DR.
ORLANDO FL 32817

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

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*

2/10/97

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 PD
NAME KROB R L
STREET ADDRESS 4771 LONSDALE CIR
CITY-ST-ZIP ORLANDO FL 32817

1.1 TITLE Change Addition
1.2 NAME R.L. Krob
1.3 STREET ADDRESS 4771 Lonsdale Cir.
1.4 CITY-ST-ZIP OrL, FL 32817

TITLE TD
NAME BLINN, STEVEN C
STREET ADDRESS 4936 LAKE SHARP DRIVE
CITY-ST-ZIP ORLANDO FL 32817

2.1 TITLE Change Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

TITLE SD
NAME HAYDEN, B B
STREET ADDRESS 4512 BRIDGEWATER DRIVE
CITY-ST-ZIP ORLANDO FL 32817

3.1 TITLE Change Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE PD
NAME HOLCOMB, GREGORY A.
STREET ADDRESS 4753 GORHAM AVE
CITY-ST-ZIP ORLANDO FL

4.1 TITLE Change Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE Change Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE DELETE
NAME
STREET ADDRESS
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 does not qualify for the exemption stated in Section 119.07(3)(i), 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*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/10/97 (407)677-8020

Date

Daytime Phone # 0018833

CR2E037 (9/96)