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**Mar 11 1998 8:00am
Secretary of State**

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N06972 (6)
1. Corporation Name
WATERMILL HOMEOWNERS' ASSOCIATION, INC.



Principal Place of Business P. O. BOX 1086 GOLDENROD FL 32733	Mailing Address P. O. BOX 1086 GOLDENROD FL 32733
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3. Date Incorporated or Qualified 01/04/1985	
4. FEI Number NOT APPLICABLE	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input type="checkbox"/> No	
8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country
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9. Name and Address of Current Registered Agent

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

10. Name and Address of New Registered Agent

81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	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 _____ (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD RL KROB 4771 LONSDALE CIR ORLANDO FL	<input checked="" type="checkbox"/> DELETE	1.1 TITLE "D" <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TD BLINN, STEVEN C 4936 LAKE SHARP DRIVE ORLANDO FL 32017	<input type="checkbox"/> DELETE	1.2 NAME "D" <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	SD HAYDEN, B B 4512 BRIDGEWATER DRIVE ORLANDO FL 32817	<input checked="" type="checkbox"/> DELETE	1.3 STREET ADDRESS "D" <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
CITY-ST-ZIP	PD HOLCOMB, GREGORY A. 4753 GORHAM AVE ORLANDO FL	<input checked="" type="checkbox"/> DELETE	1.4 CITY-ST-ZIP "D" <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
		<input type="checkbox"/> DELETE	2.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
		<input type="checkbox"/> DELETE	2.2 NAME <input type="checkbox"/> Change <input type="checkbox"/> Addition
		<input type="checkbox"/> DELETE	2.3 STREET ADDRESS <input type="checkbox"/> Change <input type="checkbox"/> Addition
		<input type="checkbox"/> DELETE	2.4 CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition
		<input type="checkbox"/> DELETE	3.1 TITLE "D" <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
		<input type="checkbox"/> DELETE	3.2 NAME "D" <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
		<input type="checkbox"/> DELETE	3.3 STREET ADDRESS <input type="checkbox"/> Change <input type="checkbox"/> Addition
		<input type="checkbox"/> DELETE	3.4 CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition
		<input type="checkbox"/> DELETE	4.1 TITLE "D" <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
		<input type="checkbox"/> DELETE	4.2 NAME "D" <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
		<input type="checkbox"/> DELETE	4.3 STREET ADDRESS <input type="checkbox"/> Change <input type="checkbox"/> Addition
		<input type="checkbox"/> DELETE	4.4 CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition
		<input type="checkbox"/> DELETE	5.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
		<input type="checkbox"/> DELETE	5.2 NAME <input type="checkbox"/> Change <input type="checkbox"/> Addition
		<input type="checkbox"/> DELETE	5.3 STREET ADDRESS <input type="checkbox"/> Change <input type="checkbox"/> Addition
		<input type="checkbox"/> DELETE	5.4 CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition
		<input type="checkbox"/> DELETE	6.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
		<input type="checkbox"/> DELETE	6.2 NAME <input type="checkbox"/> Change <input type="checkbox"/> Addition
		<input type="checkbox"/> DELETE	6.3 STREET ADDRESS <input type="checkbox"/> Change <input type="checkbox"/> Addition
		<input type="checkbox"/> DELETE	6.4 CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition

Handwritten entries in Block 13:

- President/Director "D" Susan Davis, 4777 Lonsdale Circle, Orlando, FL 32817
- Secretary/Director "D" Paul Chipok, 4765 Lonsdale Circle, Orlando, FL 32817
- Vice-President/Director "D" Robert Vella, 9148 Lake Burkett Drive, Orlando, FL 32817

14. 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 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 1/22/98 (407)677-8020

CFR2037 (10/97)