

2000 UNIFORM BUSINESS REPORT (UBR)

1/29/00-90020-047-\$61.25-\$61.25

DOCUMENT # N06972

FILED

1. Entity Name

WATERMILL HOMEOWNERS' ASSOCIATION, INC.

00 MAR 27 PM 12:08

Principal Place of Business

Mailing Address

P. O. BOX 1086
GOLDENROD FL 32733

P. O. BOX 1086
GOLDENROD FL 32733-1086

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

City & State

4. FEI Number

NOT APPLICABLE

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

D'JESUS, LUIS E
4713 BRIDGEWATER DR
ORLANDO FL 32817

Name

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

City

FL

Zip Code

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution.

\$5.00 May Be
Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

T Delete
NAME **D'JESUS, LUIS E**
STREET ADDRESS **4713 BRIDGEWATER DR**
CITY-ST-ZIP **ORLANDO FL 32817**

Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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

Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

SD Delete
NAME **CHIPOK, PAUL**
STREET ADDRESS **4765 LONSDALE CIR**
CITY-ST-ZIP **ORLANDO FL 32817**

Change Addition
NAME **JEFF BLEDSOE** **Director**
STREET ADDRESS **4705 BRIDGEWATER DR**
CITY-ST-ZIP **ORLANDO, FL 32817**

O Delete
NAME **SINES, AL**
STREET ADDRESS **9333 WHITTINGHAM DR**
CITY-ST-ZIP **ORLANDO FL 32817**

Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

~~TH~~ **RAUDICH** Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

Change Addition
NAME **TIM RAUDICH** **Vice President**
STREET ADDRESS **4734 LONSDALE CIR**
CITY-ST-ZIP **ORLANDO, FL 32817**

Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

Change Addition
NAME **FAYE THOMPSON** **Director**
STREET ADDRESS **9130 LAKE BURKETT DR**
CITY-ST-ZIP **ORLANDO, FL 32817**

12. 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 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]*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01/24/00 407-244-7243
Date Daytime Phone #