

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# N06972

FILED  
Jun 04, 2002 8:00 AM  
Secretary of State

Entity Name: WATERMILL HOMEOWNERS' ASSOCIATION, INC.

**Current Principal Place of Business:**

P. O. BOX 1086  
GOLDENROD, FL 32733

**New Principal Place of Business:**

**Current Mailing Address:**

P. O. BOX 1086  
GOLDENROD, FL 32733

**New Mailing Address:**

FEI Number:                      FEI Number Applied For ( )                      FEI Number Not Applicable (X)                      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

BLEDSON, DEANNA M  
4705 BRIDGEWATER DR  
ORLANDO, FL 32817 US

**Name and Address of New Registered Agent:**

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**OFFICERS AND DIRECTORS:**

Title: T                      ( ) Delete  
Name: BLEDSON, DEANNA M  
Address: 4705 BRIDGEWATER DR  
City-St-Zip: ORLANDO, FL 32817

Title: D                      ( ) Delete  
Name: BLEDSON, JEFF  
Address: 4705 BRIDGEWATER DR.  
City-St-Zip: ORLANDO, FL 32817

Title: V                      ( ) Delete  
Name: BRICE, CAROLYN  
Address: 9331 DORSET DR.  
City-St-Zip: ORLANDO, FL 32817

Title: D                      ( ) Delete  
Name: HOLCOMB, GREG  
Address: 4753 GORHAM AVE.  
City-St-Zip: ORLANDO, FL 32817

Title: D                      ( ) Delete  
Name: MARSHALL, ANN  
Address: 4441 WATERMILL AVE.  
City-St-Zip: ORLANDO, FL 32817

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title:                      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:                      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:                      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:                      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:                      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JEFF BLEDSON

Electronic Signature of Signing Officer or Director

DIRE

06/04/2002

\_\_\_\_\_ Date