


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 29, 2004 8:00 am
Secretary of State

04-29-2004 90250 043 ****61.25

DOCUMENT # N06972					
1. Entity 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		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number NOT APPLICABLE	
				Applied For Not Applicable	
6. Name and Address of Current Registered Agent			5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		
BLED SOE, DEANNA M 4705 BRIDGEWATER DR ORLANDO, FL 32817			7. Name and Address of New Registered Agent		
			Name <i>Ronayne, Genyi M.</i>		
			Street Address (P.O. Box Number is Not Acceptable) <i>4520 Bridgewater Drive</i>		
			City <i>Orlando</i>	FL	Zip Code <i>32817</i>
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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE <i>Genyi M. Ronayne</i>		<i>Genyi M. Ronayne</i>		DATE <i>April 23, 2004</i>	
Signature, typed or printed name of registered agent and title if applicable.		(NOTE: Registered Agent signature required when re-registering)		DATE	
Filing Fee is \$61.25 Due by May 1, 2004		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
				Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	T	<input checked="" type="checkbox"/> Delete	TITLE	Treasurer	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BLED SOE, DEANNA M		NAME	<i>Ronayne, Genyi M.</i>	
STREET ADDRESS	4705 BRIDGEWATER DR		STREET ADDRESS	<i>4520 Bridgewater Dr.</i>	
CITY-ST-ZIP	ORLANDO, FL 32817		CITY-ST-ZIP	<i>Orlando, Fl. 32817</i>	
TITLE	P	<input checked="" type="checkbox"/> Delete	TITLE	<i>Kazzort, Karla - Director, Secretary</i>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BLED SOE, JEFF		NAME	<i>9305 Dorset Drive</i>	
STREET ADDRESS	4705 BRIDGEWATER DR.		STREET ADDRESS	<i>Orlando, Fl. 32817</i>	
CITY-ST-ZIP	ORLANDO, FL 32817		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PANANSKY, SCOTT		NAME		
STREET ADDRESS	9034 STOCKTON CT		STREET ADDRESS		
CITY-ST-ZIP	ORLANDO, FL 32817		CITY-ST-ZIP		
TITLE	V	<input checked="" type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HOLCOMB, GREG		NAME		
STREET ADDRESS	4753 GORHAM AVE.		STREET ADDRESS		
CITY-ST-ZIP	ORLANDO, FL 32817		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LOVETT, DONNA		NAME		
STREET ADDRESS	9326 WHITTINGHAM DR.		STREET ADDRESS		
CITY-ST-ZIP	ORLANDO, FL 32817		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
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: <i>Genyi M. Ronayne</i>		<i>Genyi M. Ronayne</i>		DATE <i>April 23, 2004</i> (407) 673-3563	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				Daytime Phone #	