2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED Apr 14, 2005 8:00 am Secretary of State

1. Entity Name WATERMILL HOMEOWNERS' ASSOCIATION, INC.						04-14	-2005 90	088 048	****61.2	25
Principal Place of Business P. O. BOX 1086 P. O. BOX 1086 GOLDENROD, FL 32733 P. O. BOX 1086 GOLDENROD, FL 32733										
2. Principal P	Place of Busin	Yess	- 3. Mailing Address			- ~				
Suite, Apt. #, etc. City & State			Suite, Apt. #, etc.			03022005 Chg-NP CR2E037 (10/03)				
			City & State			4. FEI Number Applied For NOT APPLICABLE Not Applied ber				
Zip		Country	Ζίρ	Country		5. Certificate of Statu	s Desired		8.75 Add ee Require	
	6. Name	and Address of Current	Registered Agent			7. Name and Address	s of New R	egistered A	gent	
RONAYNE				Name		2.O. Box Number is Not	Acceptable)		
ORLANDO), FL 328 ⁻	17								
				City				FL	Zip Cod	
	named entity tions of regist		or the purpose of changing its	•	•	•				
SIGNATURE	Signature, typeq	M. M. Konay On printed name of registered agent	end title # applicable. Genyi	M. Rond Registered Agent at	YNL- weature required	Treasurer when reinstating)		April DATE	11,2	1005
										J
			9. Election Can	npaign Financing Contribution.		\$5.00 May Be Added to Fees		ike check da Departr		
10.			Trust Fund (Added to Fees	Flori	da Departr	nent of St	ate
10. TITLE NAME STREET ADDRESS	Due by II	fay 1, 2005	Trust Fund (Contribution.	Dire Care	Added to Fees DDITIONS/CHANGES Leter Line Brice	Flori	da Departr IS AND DIRE	nent of St	ate
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Due by II PANANSI 9034 STO ORLANDO	OFFICERS AND DI	RECTORS Delete	11. TITLE NAME STREET ADDRES CITY-ST-ZIP	Dire Care 9331 Orlan	Added to Fees. DDITIONS/CHANGES octor line Brice Dorset Dr. ndo, FL. 3281	Flori TO OFFICER	da Departi	CTORS IN	10 Addition
TITLE NAME STREET ADDRESS	Due by N PANANSI 9034 STO ORLANDO D KIZZORT 9305 DOF	OFFICERS AND DI KY, SCOTT CKTON CT O, FL 32817	Trust Fund C	11. TITLE NAME STREET ADDRESS	Dire Care 9331 Orlas Dire	Added to Fees DDITIONS/CHANGES Line Brice Dorset Dr. ndo, FL. 32B1 Ltor Pecora	Flori	da Departi	nent of S	ate 10
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12. Thereby certify that the information supplied with first lding does not quality 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 of 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: Hong M. Langue - Genyi M. Konagne 4/11/05 407-673-3563
SIGNATURE: SIGNATURE AND TYPED OR PROMISE OF SIGNANG OFFICER OR DESECTOR Transfer Sole Desprise Private &