

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06972

FILED  
Jan 17, 2007  
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:**

MIGNARDI, BILL  
4741 LONSDALE CIRCLE  
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: MIGNARDI, BILL  
Address: 4741 LONSDALE CIRCLE  
City-St-Zip: ORLANDO, FL 32817

Title: D ( ) Delete  
Name: KIZZORT, KARLA  
Address: 9305 DORSET DRIVE  
City-St-Zip: ORLANDO, FL 32817

Title: D ( ) Delete  
Name: STEPHENS, PETER  
Address: 4348 WATERMILL AVE  
City-St-Zip: ORLANDO, FL 32817

Title: D ( ) Delete  
Name: GRAY, ELIZABETH  
Address: 4740 LONSDALE CIRCLE  
City-St-Zip: ORLANDO, FL 32817

Title: D ( ) Delete  
Name: BUBOSE, BILL/EVELYN  
Address: 4741 LONSDALE CIRCLE  
City-St-Zip: ORLANDO, FL 32817

Title: D ( ) Delete  
Name: STEPHENS, VANNETTE  
Address: 4740 LONSDALE CIRCLE  
City-St-Zip: ORLANDO, FL 32817

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

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

Title: D (X) Change ( ) Addition  
Name: PECORA, TIM  
Address: 4721 BRIDGEWATER DR  
City-St-Zip: ORLANDO, FL 32817

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

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

Title: D (X) Change ( ) Addition  
Name: BUBOSE, BILL/EVELYN  
Address: 4806 LONSDALE CIRCLE  
City-St-Zip: ORLANDO, FL 32817

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 Chapter 119, 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: BILL MIGNARDI

T

01/17/2007

Electronic Signature of Signing Officer or Director

Date