

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06972

FILED
Apr 23, 2009
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: PECORA, TIM
Address: 4721 BRIDGEWATER DR
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: 4806 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: () Change () Addition
Name:
Address:
City-St-Zip:

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

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

Title: D (X) Change () Addition
Name: BUBOSE, BILL
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 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

_____ Electronic Signature of Signing Officer or Director

MR

04/23/2009

_____ Date