

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

DOCUMENT # **N10856 (5)**

1. Corporation Name

WATER MILL VILLAGE HOMEOWNERS' ASSOCIATION, INC.

95 FEB -9 AM 11:22

Principal Place of Business

Mailing Address

1301 SEMINOLE BLVD.
SUITE 172
LARGO FL 34640
US

1301 SEMINOLE BLVD.
SUITE 172
LARGO FL 34640
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **08/26/1985** 3a. Date of Last Report **03/18/1994**

4. FEI Number **59-2614047** Applied For Not Applicable

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

29

30

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**

7. Nonprofit with IRS 501(c)(3) Tax Exempt Status **\$68.75 Supplemental Fee Not Required**

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

SHAW, DARREN K
1301 SEMINOLE BLVD.
SUITE 172
LARGO FL 34640

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85

Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when resigning)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **PO**
NAME **O'BREIN, MIKE**
STREET ADDRESS **8507 J.R. MANOR DRIVE**
CITY - ST - ZIP **TAMPA FL 33634**

1.1 TITLE Change Addition
1.2 NAME **P.O. ELENORE MILEAF**
1.3 STREET ADDRESS **8515 J.R. MANOR DR.**
1.4 CITY - ST - ZIP **TAMPA, FLORIDA 33634**

TITLE **D**
NAME **MILEAF, ELENORE**
STREET ADDRESS **8515 JR MANOR DR**
CITY - ST - ZIP **TAMPA FL**

2.1 TITLE Change Addition
2.2 NAME **J.D. JOHN KNABICK**
2.3 STREET ADDRESS **8557 J.R. MANOR DR.**
2.4 CITY - ST - ZIP **TAMPA, FLORIDA 33634**

TITLE **D**
NAME **TOOKES, VELMA**
STREET ADDRESS **8501 JR MANOR DR**
CITY - ST - ZIP **TAMPA FL**

3.1 TITLE Change Addition
3.2 NAME **J.D. VIC MARLONTOSI**
3.3 STREET ADDRESS **8544 J.R. MANOR DR.**
3.4 CITY - ST - ZIP **TAMPA FLORIDA 33634**

TITLE **D**
NAME **KNABICK, JOHN**
STREET ADDRESS **8557 JR MANOR DR**
CITY - ST - ZIP **TAMPA FL**

4.1 TITLE Change Addition
4.2 NAME **T.D. VELMA TOOKES**
4.3 STREET ADDRESS **8501 J.R. MANOR DR.**
4.4 CITY - ST - ZIP **TAMPA, FLORIDA 33634**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

5.1 TITLE Change Addition
5.2 NAME **FREDDIE MITCHELL**
5.3 STREET ADDRESS **8549 J.R. MANOR DR.**
5.4 CITY - ST - ZIP **TAMPA, FLORIDA 33634**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

6.1 TITLE Change Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY - ST - ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(b), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Eleanor Mileaf
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/18/95

889-9888

- 60250 - 1/18/95 - 130.00 - 1218.