

FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # **N10856** (5)  
1. Corporation Name  
**WATER MILL VILLAGE HOMEOWNERS' ASSOCIATION, INC.**



Principal Place of Business  
**1301 SEMINOLE BLVD.  
SUITE 172  
LARGO FL 34640  
US**

Mailing Address  
**1301 SEMINOLE BLVD.  
SUITE 172  
LARGO FL 34640  
US**

2. Principal Place of Business  
21 Suite, Apt. #, etc.  
22 City & State  
23 Zip  
24 Country

2a. Mailing Address  
26 Suite, Apt. #, etc.  
27 City & State  
28 Zip  
29 Country

3. Date Incorporated or Qualified  
**08/26/1985**

3a. Date of Last Report  
**02/09/1995**

4. FEI Number  
**59-2614047**

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

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

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

9. Name and Address of Current Registered Agent

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

10. Name and Address of New Registered Agent

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 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required with filing statement)

DATE

12. OFFICERS AND DIRECTORS

|                 |                   |  |
|-----------------|-------------------|--|
| TITLE           | PD                | <input type="checkbox"/> DELETE            |
| NAME            | MILEAF, ELENORE   |  |
| STREET ADDRESS  | 8515 J R MANOR DR |  |
| CITY - ST - ZIP | TAMPA FL          |  |
| TITLE           | VD                | <input type="checkbox"/> DELETE            |
| NAME            | KNAPIK, JOHN      |  |
| STREET ADDRESS  | 8557 J R MANOR DR |  |
| CITY - ST - ZIP | TAMPA FL          |  |
| TITLE           | TD                | <input type="checkbox"/> DELETE            |
| NAME            | MARCONTONI, VIC   |  |
| STREET ADDRESS  | 8544 J R MANOR DR |  |
| CITY - ST - ZIP | TAMPA FL          |  |
| TITLE           | TD                | <input checked="" type="checkbox"/> DELETE |
| NAME            | TOOKES, VELMA     |  |
| STREET ADDRESS  | 8501 J R MANOR DR |  |
| CITY - ST - ZIP | TAMPA FL          |  |
| TITLE           | D                 | <input type="checkbox"/> DELETE            |
| NAME            | MITCHELL, FREDDIE |  |
| STREET ADDRESS  | 8549 J R MANOR DR |  |
| CITY - ST - ZIP | TAMPA FL          |  |
| TITLE           |                   | <input type="checkbox"/> DELETE            |
| NAME            |                   |  |
| STREET ADDRESS  |                   |  |
| CITY - ST - ZIP |                   |  |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

|                    |  |
|--------------------|--|
| 11 TITLE           | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| 12 NAME            |  |
| 13 STREET ADDRESS  |  |
| 14 CITY - ST - ZIP |  |
| 21 TITLE           | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| 22 NAME            |  |
| 23 STREET ADDRESS  |  |
| 24 CITY - ST - ZIP |  |
| 31 TITLE           | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| 32 NAME            |  |
| 33 STREET ADDRESS  |  |
| 34 CITY - ST - ZIP |  |
| 41 TITLE           | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 42 NAME            |  |
| 43 STREET ADDRESS  |  |
| 44 CITY - ST - ZIP |  |
| 51 TITLE           | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| 52 NAME            |  |
| 53 STREET ADDRESS  |  |
| 54 CITY - ST - ZIP |  |
| 61 TITLE           | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| 62 NAME            |  |
| 63 STREET ADDRESS  |  |
| 64 CITY - ST - ZIP |  |

*Elenore Mileaf*  
8515 J R Manor Dr.  
Tampa, FL

*John Knapik*  
8557 J R Manor Dr.  
Tampa, FL 33624

*Vic Marcontoni*  
8544 J R Manor Dr.  
Tampa, FL

*Paul Aguilino*  
8540 J R Manor Dr.  
Tampa, FL

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*Elenore Mileaf*

3/3/96

Daytime Phone #

CR2E037 (12/95)