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**Feb 10 1997 8:00am
Secretary of State**

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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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 33770-8113 US
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3. Date Incorporated or Qualified 08/26/1985	3a. Date of Last Report 03/14/1996
4. FEI Number 59-2614047	Applied For <input type="checkbox"/> Applied For <input checked="" type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

2. Principal Place of Business 21 Suite, Apt. #, etc 22 City & State 23 Zip 24	2a. Mailing Address 25 Suite, Apt. #, etc 26 City & State 27 Zip 28 Country 29	30
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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]* DATE: **1/3/97**

Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating.)

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	MILEAF, ELEANOR	
STREET ADDRESS	8515 J R MANOR DR	
CITY-ST-ZIP	TAMPA FL	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	KNAPICK, 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 type="checkbox"/> DELETE
NAME	AQUILINO, PAUL	
STREET ADDRESS	8340 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

1.1 TITLE	PD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	Bob Willey	
1.3 STREET ADDRESS	8454 J.R. Manor Dr.	
1.4 CITY-ST-ZIP		
2.1 TITLE	VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	John Knapick	
2.3 STREET ADDRESS	8557 J.R. Manor Dr.	
2.4 CITY-ST-ZIP	Tampa, Fl	
3.1 TITLE	TD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	Scott Lynch	
3.3 STREET ADDRESS	8442 J.R. Manor Dr.	
3.4 CITY-ST-ZIP	Tampa, Fl	
4.1 TITLE	SD	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	Paul Aquilino	
4.3 STREET ADDRESS	8340 J.R. Manor Dr.	
4.4 CITY-ST-ZIP	Tampa, Fl	
5.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	Eleanor Mileaf	
5.3 STREET ADDRESS	8515 J. R. Manor Dr.	
5.4 CITY-ST-ZIP	Tampa, Fl.	
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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 does not qualify for the exemption stated in Section 119.07(3)(i), 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: *[Signature]* DATE: **1-13-97**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (9/96)