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NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # N10856

1. Corporation Name

WATER MILL VILLAGE HOMEOWNERS' ASSOCIATION, INC.

Principal Place of Business

1301 SEMINOLE BLVD.  
SUITE 172  
LARGO FL 34640  
US

Mailing Address

3802 EHRLICH ROAD  
SUITE 106  
TAMPA FL 33624



2. Principal Place of Business

21 3802 EHRLICH ROAD

2a. Mailing Address

26 Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 SUITE 106

27 Suite, Apt. #, etc.

City & State

23 TAMPA, FL

City & State

28 TAMPA, FL

Zip

24 33624

Country

25 U.S.

Zip

29 33624

Country

30 U.S.

3. Date Incorporated or Qualified

08/26/1985

4. FEI Number

59-2614047

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution

\$5.00 May Be  
Added to Fees

9. Name and Address of Current Registered Agent

TANKEL, ROBERT L  
1299 MAIN STREET D.  
SUITE F  
DUNEDIN FL 34698

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 title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME PD  
Lynch, SCOTT  
STREET ADDRESS 3802 ERlich ROAD, SUITE 106  
CITY-ST-ZIP TAMPA FL 33624

TITLE ☐ DELETE

NAME D  
KNAPIK, JOHN  
STREET ADDRESS 3802 ERlich ROAD, SUITE 106  
CITY-ST-ZIP TAMPA FL 33624

TITLE ☒ DELETE

NAME D  
CUMMINGS, ANITA  
STREET ADDRESS 3802 ERlich ROAD, SUITE 106  
CITY-ST-ZIP TAMPA FL 33624

TITLE ☒ DELETE

NAME SD  
AQUILINO, PAUL  
STREET ADDRESS 8540 J.R. MANOR DR.  
CITY-ST-ZIP TAMPA FL

TITLE ☒ DELETE

NAME D  
MILEAF, ELEANOR  
STREET ADDRESS 8515 J.R. MANOR DR.  
CITY-ST-ZIP TAMPA FL

TITLE ☒ DELETE

NAME D  
LYNCH, OLGA  
STREET ADDRESS 3802 ERlich ROAD, SUITE 106  
CITY-ST-ZIP TAMPA FL 33624

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition

1.2 NAME LYNCH, SCOTT  
1.3 STREET ADDRESS 3802 EHRLICH RD, SUITE 106  
1.4 CITY-ST-ZIP TAMPA, FL 33624

2.1 TITLE ☐ Change ☒ Addition

2.2 NAME BALADO, RAY  
2.3 STREET ADDRESS 3802 EHRLICH RD, SUITE 106  
2.4 CITY-ST-ZIP TAMPA, FL 33624

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

14. I 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, with all other like empowered.

SIGNATURE: X. P. SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-1-99

273-8845

Date

Daytime Phone #

CR2E037 (1/98)