## 2000 UNIFORM BUSINESS REPORT (UBR)

changed, or on an attachment with an address

with all other like empowered.

## FILED **DOCUMENT # N10856** Jan 20, 2000 8:00 am 1. Entity Name **Secretary of State** WATER MILL VILLAGE HOMEOWNERS' ASSOCIATION, INC. 01-20-2000 90168 016 \*\*\*\*61.25 Principal Place of Business Mailing Address 3802 EHRLICH RD 3802 EHRLICH ROAD STE 106 SUITE 106 TAMPA FL 33624-2330 TAMPA FL 33624 Mailing Address O.O. Box 27/269 2. Principal Place of Business Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number City & State City & State 59-2614047 Not Applicable Zip \$8.75 Additional 5. Certificate of Status Desired LSA Fee Required 6. Name and Address of Current Registered Agent: 7.-Name and Address of New Registered Agent Due Kealtz Street Address (P.O. Box Number is Not TANKEL, ROBERT L Ehrlich 1299 MAIN STREET D. SUITE F **DUNEDIN FL 34698** 8. 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 (NOTE: Registered Agent signature required when reinstating) DATE Signature, typed or printed name of registered agent and title if applicable 9. Election Campaign Financing Make Check Payable to FILE NOW: \$5.00 May Be $\Box$ Trust Fund Contribution. Added to Fees Department of State **FEE IS \$61.25** OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10 PD TITLE Change ☐ Addition TITLE Delete LYNCH, SCOTT NAME NAME 8557 IR Manor Dr. STREET ADDRESS 3802 ERLICH ROAD, SUITE 106 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Tampa, FL 33634 **TAMPA FL 33624** Change ☐ Delete TITLE Addition TITLE NAME KNAPIK, JOHN STREET ADDRESS 3802 ERLICH ROAD, SUITE 106 STREET ADDRESS 8535 IR Mano CITY-ST-ZIP CITY-ST-ZIP **TAMPA FL 33624** ☐ Delete TITLE D 5-7 TITLE BALADO, RAY NAME NAME STREET ADDRESS STREET ADDRESS 3802 ERLICH ROAD, SUITE 106 CITY-ST-ZIP CITY-ST-ZIP **TAMPA FL 33624** ☐ Change **Addition** ☐ Delete TITLE **T(T) F** NAME NAME 8519 JR Manor 1 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIE Addition Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 12. 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 report or supplemental 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 prort as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if