

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N10856

FILED
Apr 21, 2005
Secretary of State

Entity Name: WATER MILL VILLAGE HOMEOWNERS' ASSOCIATION, INC.

Current Principal Place of Business:

3802 EHRLICH RD
STE 106
TAMPA, FL 33624 US

New Principal Place of Business:

3802 EHRLICH RD
STE 305
TAMPA, FL 33624 US

Current Mailing Address:

PO BOX 340747
TAMPA, FL 33694

New Mailing Address:

FEI Number: 59-2614047 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SUN COVE REALTY, INC.
3802 EHRLICH RD SUITE 106
TAMPA, FL 33624 US

Name and Address of New Registered Agent:

SUN COVE REALTY, INC.
3802 EHRLICH RD SUITE 305
TAMPA, FL 33624 US

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: PAT GREEN

04/21/2005

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: GILLY, ROBERT
Address: 8454 JR MANOR DRIVE
City-St-Zip: TAMPA, FL 33634

Title: D () Delete
Name: KNAPIK, JOHN
Address: 8557 JR MANOR DR
City-St-Zip: TAMPA, FL 33634

Title: SD () Delete
Name: GETTYS, BEN
Address: 8456 JR MANOR DRIVE
City-St-Zip: TAMPA, FL 33634

Title: D (X) Delete
Name: HUTCHINSON, CHESTER
Address: 8542 JR MANOR DRIVE
City-St-Zip: TAMPA, FL 33634

Title: DT () Delete
Name: KOEHLER, LES
Address: 8450 JR MANOR DRIVE
City-St-Zip: TAMPA, FL 33634

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: VPD (X) Change () Addition
Name: BUTKUS, MARTY
Address: 8509 JR MANOR DR
City-St-Zip: TAMPA, FL 33634

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: BOB GILLEY

PD

04/21/2005

Electronic Signature of Signing Officer or Director

Date