

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 23, 2007 8:00 am**  
**Secretary of State**

03-07-2007 90021 030 \*\*\*\*61.25

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<b>DOCUMENT # N10856</b> 1. Entity Name <b>WATER MILL VILLAGE HOMEOWNERS' ASSOCIATION, INC.</b>					
Principal Place of Business <b>4116 GUNN HWY TAMPA, FL 33624 US</b>			Mailing Address <b>PO BOX 8393 TAMPA, FL 33674</b>		
2. Principal Place of Business - No P.O. Box # <b>5608 W Linebaugh</b>		3. Mailing Address Suite, Apt. #, etc. <b>Suite 15</b>			
City & State <b>Tampa</b>		City & State <b>Tampa</b>			
Zip <b>A</b>		Country <b>Hillsborough</b>		4. FEI Number <b>59-2614047</b>	
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>				Applied For Not Applicable	
6. Name and Address of Current Registered Agent <b>A ONE STOP PROPERTY MGMT LLC 4116 GUNN HWY TAMPA, FL 33624</b>			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) <b>5608 W. Linebaugh</b> <b>Suite 15</b> City <b>Tampa</b> <b>FL</b> Zip Code <b>33624</b>		
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. I am familiar with, and accept the obligations of registered agent. SIGNATURE <u><i>Catherine O. Lynn</i></u> (NOTE: Registered Agent signature required when releasing) DATE _____					
Filing Fee is <b>\$61.25</b> Due by <b>May 1, 2007</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		Make check payable to <b>Florida Department of State</b>	
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD GILLEY, ROBERT 8454 JR MANOR DRIVE TAMPA, FL 33634	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VPD BUTKUS, MARTY 8509 JR MANOR DR TAMPA, FL 33634	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	VPD
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SD GETTYS, BEN 8456 JR MANOR DRIVE TAMPA, FL 33634	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	SD
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DT KOEHLER, LES 8450 JR MANOR DRIVE TAMPA, FL 33634	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	TD
TITLE NAME STREET ADDRESS CITY - ST - ZIP	AMY COLON	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	DT AMY COLON PO Box 8393 Tampa FL 33674
TITLE NAME STREET ADDRESS CITY - ST - ZIP	AMY COLON	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	AMY COLON PO Box 8393 Tampa FL 33674
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: <u><i>[Signature]</i></u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date <u>2-28-07</u> Daytime Phone # _____		