


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 29, 2008 8:00 am
Secretary of State

01-29-2008 90028 005 ****61.25

DOCUMENT # N10856
 1. Entity Name
WATER MILL VILLAGE HOMEOWNERS' ASSOCIATION, INC.



40013016



Principal Place of Business
 5008 W LINBAUGH
 STE 15
 TAMPA, FL 33624 US

Mailing Address
 PO BOX 8393
 TAMPA, FL 33674

01072008 Chg-NP CR2E037 (12/06)

2. Principal Place of Business - No P.O. Box #
 Suite, Apt. #, etc.
 City & State
 Zip Country

3. Mailing Address
 Suite, Apt. #, etc.
 City & State
 Zip Country

5008 W. Linebaugh
Suite 15
Tampa FL
33624 Hillsb

4. FEI Number
 59-2614047

Applied For
 Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

A ONE STOP PROPERTY MGMT LLC
 5008 LN LINEBAUGH
 STER 15
 TAMPA, FL 33624

7. Name and Address of New Registered Agent

Name *AVID Property Management*
 Street Address (P.O. Box Number is Not Acceptable)
5008 W Linebaugh
Suite 15
 City *Tampa* FL Zip Code *33624*

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 *[Signature]* DATE *1-23-08*

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

Filing Fee is \$61.25
Due by May 1, 2008

9. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> Delete
NAME	GILLEY, ROBERT	
STREET ADDRESS	8454 JR MANOR DRIVE	
CITY-ST-ZIP	TAMPA, FL 33634	
TITLE	VPD	<input type="checkbox"/> Delete
NAME	BUTKUS, MARTY	
STREET ADDRESS	8509 JR MANOR DR	
CITY-ST-ZIP	TAMPA, FL 33634	
TITLE	SD	<input type="checkbox"/> Delete
NAME	GETTYS, BEN	
STREET ADDRESS	8456 JR MANOR DRIVE	
CITY-ST-ZIP	TAMPA, FL 33634	
TITLE	DT	<input type="checkbox"/> Delete
NAME	KOEHLER, LES	
STREET ADDRESS	8450 JR MANOR DRIVE	
CITY-ST-ZIP	TAMPA, FL 33634	
TITLE	DT	<input checked="" type="checkbox"/> Delete
NAME	COLON, AMY	
STREET ADDRESS	PO BOX 8393	
CITY-ST-ZIP	TAMPA, FL 33674	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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: *[Signature]* DATE *1-23-08* DAYTIME PHONE # *813-868-1104*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR