

FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1996



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mc Nam  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # N27745 (1)  
1. Corporation Name  
WATERMILL COVE HOMEOWNERS' ASSOCIATION, INC.

Principal Place of Business Mailing Address  
9640 TETLEY CRT 9640 TETLEY CRT  
ORLANDO FL 32817-3131 ORLANDO FL 32817-3131



400001913374  
-08/06/96--01018--002

2. Principal Place of Business 2a. Mailing Address  
21 4736 Leacock Court 26 4736 Leacock Court  
Suite, Apt. #, etc. Suite, Apt. #, etc.  
22 ORLANDO, FL 32817 27  
City & State City & State  
23 ORLANDO, FL 28  
Zip Country Zip Country  
24 32817 25 ORANGE 29 32817 30 ORANGE

3. Date of Incorporation or Qualified 3a. Date of Last Report  
08/09/1988 05/01/1995  
4. FEI Number Applied For  
59-2934473 Not Applicable  
5. Certificate of Status Desired ☐ \$8.75 Additional  
Fee Required  
6. Election Campaign Financing ☐ \$5.00 May Be  
Trust Fund Contribution Added to Fees  
8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent  
O'CONNOR, HARRY F  
9640 TETLEY CRT  
ORLANDO FL 32817-3131

10. Name and Address of New Registered Agent  
81 Name Henry P. Petit  
82 Street Address (P.O. Box Number is Not Acceptable)  
4736 Leacock Court  
83  
84 City ORLANDO FL 85 Zip Code 32817

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 *Henry P. Petit*  
Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

6-1-96

12. OFFICERS AND DIRECTORS  
TITLE D VAZQUEZ, GILBERT ☒ DELETE  
NAME 4850 STAHL CT.  
STREET ADDRESS ORLANDO FL  
CITY-ST-ZIP  
TITLE TD O'CONNOR, HARRY F. ☒ DELETE  
NAME 9640 TETLEY CT.  
STREET ADDRESS ORLANDO FL  
CITY-ST-ZIP  
TITLE PD CLARK, JEFFREY ☒ DELETE  
NAME 4718 LEACOCK DR.  
STREET ADDRESS ORLANDO FL  
CITY-ST-ZIP  
TITLE SD GIEWONT, VINCE ☒ DELETE  
NAME 4708 DUMBARTON DR.  
STREET ADDRESS ORLANDO FL  
CITY-ST-ZIP  
TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  
1.1 TITLE D ERIC MONTANO ☒ Change ☐ Addition  
1.2 NAME 4730 Leacock Court  
1.3 STREET ADDRESS ORLANDO, FL 32817  
1.4 CITY-ST-ZIP  
2.1 TITLE TD ☒ Change ☐ Addition  
2.2 NAME Henry A. Petit  
2.3 STREET ADDRESS 4736 Leacock Court  
2.4 CITY-ST-ZIP ORLANDO, FL 32817  
3.1 TITLE PD ☒ Change ☐ Addition  
3.2 NAME CAMERON, MARCELLA  
3.3 STREET ADDRESS 9541 FITZSIMMONS DR.  
3.4 CITY-ST-ZIP ORLANDO, FL 32817  
4.1 TITLE SD ☒ Change ☐ Addition  
4.2 NAME STEVE SLOSSER, STEVE  
4.3 STREET ADDRESS 4706 LEACOCK CT  
4.4 CITY-ST-ZIP ORLANDO, FL 32817  
5.1 TITLE CD ☐ Change ☒ Addition  
5.2 NAME ALFONSO FRANK  
5.3 STREET ADDRESS 9549 FITZSIMMONS DR.  
5.4 CITY-ST-ZIP ORLANDO, FL 32817  
6.1 TITLE UD ☐ Change ☒ Addition  
6.2 NAME CRAFT ANDREA  
6.3 STREET ADDRESS 4400 TRESPOTT DR.  
6.4 CITY-ST-ZIP ORLANDO, FL 32817

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (12/95)