

**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.**



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

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

3. Date of Incorporation or Qualified **08/09/1988** 3a. Date of Last Report **05/01/1995**

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  
City & State City & State  
24 **32817** 25 **ORANGE** 29 **32817** 30 **ORANGE**  
Zip Country Zip Country

4. FEI Number **59-2934473** Applied For Not Applicable  
5. Certificate of Status Desired  **\$8.75 Additional Fee Required**  
6. Election Campaign Financing Trust Fund Contribution  **\$5.00 May Be 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 provisions of, Section 617.0503, Florida Statutes.

SIGNATURE *Henry P. Petit* **6-1-96** DATE  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>D</b> <input checked="" type="checkbox"/> DELETE	1.1 TITLE	<b>D</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>VAZQUEZ, GILBERT</b>	1.2 NAME	<b>ERIC MONTEJO</b>
STREET ADDRESS	<b>4850 STAHL CT.</b>	1.3 STREET ADDRESS	<b>4730 Leacock court</b>
CITY-ST-ZIP	<b>ORLANDO FL</b>	1.4 CITY-ST-ZIP	<b>ORLANDO, FL. 32817</b>
TITLE	<b>TD</b> <input checked="" type="checkbox"/> DELETE	2.1 TITLE	<b>TD</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>O'CONNOR, HARRY F.</b>	2.2 NAME	<b>Henry A. Petit</b>
STREET ADDRESS	<b>9640 TETLEY CT.</b>	2.3 STREET ADDRESS	<b>4736 Leacock court</b>
CITY-ST-ZIP	<b>ORLANDO FL</b>	2.4 CITY-ST-ZIP	<b>Orlando, Fla. 32817</b>
TITLE	<b>PD</b> <input checked="" type="checkbox"/> DELETE	3.1 TITLE	<b>PD</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>CLARK, JEFFREY</b>	3.2 NAME	<b>CAMERON, MARCELLA</b>
STREET ADDRESS	<b>4718 LEACOCK DR.</b>	3.3 STREET ADDRESS	<b>9541 FITZSIMMONS DR.</b>
CITY-ST-ZIP	<b>ORLANDO FL</b>	3.4 CITY-ST-ZIP	<b>ORLANDO, FL. 32817</b>
TITLE	<b>SD</b> <input checked="" type="checkbox"/> DELETE	4.1 TITLE	<b>SD</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>GIEWONT, VINCE</b>	4.2 NAME	<b>STEVE SLOSSER, STEVE</b>
STREET ADDRESS	<b>4708 DUMBARTON DR.</b>	4.3 STREET ADDRESS	<b>4706 LEACOCK CT</b>
CITY-ST-ZIP	<b>ORLANDO FL</b>	4.4 CITY-ST-ZIP	<b>ORLANDO, FL. 32817</b>
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<b>CD</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		5.2 NAME	<b>ALFONSO FRANK</b>
STREET ADDRESS		5.3 STREET ADDRESS	<b>9549 FITZSIMMONS DR.</b>
CITY-ST-ZIP		5.4 CITY-ST-ZIP	<b>ORLANDO, FL. 32817</b>
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<b>UD</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		6.2 NAME	<b>CRAF T ANDREA</b>
STREET ADDRESS		6.3 STREET ADDRESS	<b>4400 TRESOTT DR.</b>
CITY-ST-ZIP		6.4 CITY-ST-ZIP	<b>ORLANDO, FL. 32817</b>

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: *Marcella E. Cameron* DATE: *6/1/96* DAYTIME PHONE #  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (12/95)