## **FILE NOW: FILING FEE IS \$61.25**

**NONPROFIT** CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

**FILED** 

Apr 13 1998 8:00am

Secretary of State

Secretary of State DIVISION OF CORPORATIONS

1998

POCU 1. Corporatio	MENT # N2774	5 (1)		
WATERMILL COVE HOMEOWNERS' ASSOCIATION, INC.				
Principal Place of Business Mailing Address		Mailing Address		{
4736 LEACOCK CT. 4736 LEACOCK CT.			3. Date Incorporated or Qualified	
ORLANDO FL 32817 ORLANDO FL 32817				08/09/1988
				4. FEI Number Applied For
0.000000	No. of Paris	10. 4. 9. 4.1.		59-2934473 Not Applicable
21 47 3	Place of Business Leacock Cnt	26. Mailing Address		5. Certificate of Status Desired Section Section 5. Sec
Suite, Apt.		Suite, Apt. #, etc.		Election Campaign Financing     \$5.00 May Be
22 Onle		27	·	Trust Fund Contribution Added to Fees
City & Stat	a A	City & State		7. Is this nonprofit corporation a homeowners association?
Zip	Country	Zip	Country	8. This corporation owes or has paid the current year Intangible
24 52			[30]	Personal Property Tax due June 30. Yes Mo  10. Name and Address of New Registered Agent
81 Name • 1				Λ Λ
PETIT, HENRY P			ress (P.O. Box Number is Not Acceptable)	
4736 LEACOCK CT.			<u> </u>	1005 (1.05. DOX Normoon is not notopiable)
ORLANDO FL 32817			83 47	36 Leacock Cut
			84 City	really FL 85 Zip Code
11. Pursuant				
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 .	141/00			1/20/98
12.	Signature, typied or printed name of registered ager OFFICERS AND		E: Registered Agent signature requi	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	D	DELETE	1,1 TITLE	Change Addition
NAME	MONHJO, ERIC		1.2 NAME	
STREET ADDRESS	4730 LEACOCK CT.		1.3 STREET ADDRESS	
CITY-ST-ZIP	ORLANDO FL 32817		1.4 CITY-ST-ZIP	
TITLE	TD DETERMINED	DELETE	2.1 TITLE	Change Addition
NAME ATORET ADDOSES	PETIT, HENRY P 4736 LEACOCK CT.		2.2 NAME	
STREET ADDRESS   CITY-ST-ZIP	ORLANDO FL 32817		2.3 STREET ADDRESS 2. 4 CITY-ST-ZIP	
TITLE	SD	DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME	SLOSSER, STEVE		3.2 NAME	
STREET ADDRESS	4706 LEACOCK CT.		3.3 STREET ADDRESS	
CITY-ST-ZIP	ORLANDO FL 32817		3.4. CITY - ST- ZIP	
TITLE		DELETE	4.1 TITLE	Change Addition
NAME			4.2 NAME	
STREET ADDRESS			4.3 STREET ADDRESS	
CITY-ST-ZIP		DELETE	4.4 CITY - ST - ZIP	☐ Change ☐ Addition
TITLE		C) DECEIG	5.1 TITLE	C Charge Addition
NAME STREET ADORESS			5.2 NAME 5.3 STREET ADDRESS	
CITY-ST-ZIP			5.4 CITY-ST-ZIP	
TITLE		DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME		_	6.2 NAME	·
STREET ADDRESS			6.3 STREET ADDRESS	
CITY-ST-ZIP			6.4 CITY-ST-ZIP	

14. I hereby cortify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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. Henry P. Redit CIGNATURE.