

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # N27745

1. Entity Name
WATERMILL COVE-HOMEOWNERS' ASSOCIATION, INC.



Principal Place of Business
4736 LEACOCK CT.
ORLANDO, FL 32817

Mailing Address
4736 LEACOCK CT.
ORLANDO, FL 32817

FILED

05 JUN -1 AM 11:44

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



04152005 No Chg-NP

CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-2934473

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

PETIT, HENRY P
4736 LEACOCK CT.
ORLANDO, FL 32817

**DO NOT WRITE
IN THIS SPACE**

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, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE _____

**Filing Fee is \$61.25
Due by May 1, 2005**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE PD
NAME PETIT, ELLEN M
STREET ADDRESS 4730 LEACOCK CT.
CITY-ST-ZIP ORLANDO, FL 32817

TITLE TD
NAME PETIT, HENRY P
STREET ADDRESS 4736 LEACOCK CT.
CITY-ST-ZIP ORLANDO, FL 32817

TITLE SD
NAME HERLITZKA, SCOTT
STREET ADDRESS 4849 STAHL CT
CITY-ST-ZIP ORLANDO, FL 32817

TITLE D
NAME PETIT, HENRY P
STREET ADDRESS 4736 LEACOCK CT.
CITY-ST-ZIP ORLANDO, FL 32817

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

800055977548
06/09/05--01049--021 **61.25

**DO NOT WRITE
IN THIS SPACE**

PR 6/6

12. I hereby certify 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 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: _____

Ellen M. Petit ELLEN M. PETIT

Date

Daytime Phone #

4/15/05 (407) 847443