


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 26, 2007 08:00 AM
Secretary of State

DOCUMENT # N27745 1. Entity Name WATERMILL COVE HOMEOWNERS' ASSOCIATION, INC.	
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Principal Place of Business 4736 LEACOCK CT. ORLANDO, FL 32817	Mailing Address 4736 LEACOCK CT. ORLANDO, FL 32817
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04232007 No Chg-NP CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-2934473	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

Filing Fee is \$81.25 Due by May 1, 2007	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD PETIT, ELLEN M 4730 LEACOCK CT. ORLANDO, FL 32817
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD PETIT, HENRY P 4736 LEACOCK CT. ORLANDO, FL 32817
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD HERLITZKA, SCOTT 4849 STAHL CT ORLANDO, FL 32817
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PETIT, HENRY P 4736 LEACOCK CT. ORLANDO, FL 32817
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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05/10/07-80017-017 61.25

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:  **4/20/07** **407-484-7443**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #