

# 2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

5/5

**FILED**  
**Jun 27, 2003 8:00 am**  
**Secretary of State**

05-05-2003 91400 042 \*\*\*\*61.25

**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**

00070001

2. Principal Place of Business  
Suite, Apt. #, etc.  
City & State  
Zip Country

3. Mailing Address  
Suite, Apt. #, etc.  
City & State  
Zip Country

4. FEI Number **59-2934473**

Applied For  
☐ Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent  
**PETTIT, HENRY P  
4736 LEACOCK CT.  
ORLANDO FL 32817**

7. Name and Address of New Registered Agent  
Name  
Street Address (P.O. Box Number is Not Acceptable)  
City **FL** Zip Code

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]* DATE

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating).

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

Make Check Payable to  
**Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE	<b>P</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>PETTIT, ELLEN M</b>	
STREET ADDRESS	<b>4730 LEACOCK CT.</b>	
CITY-ST-ZIP	<b>ORLANDO FL 32817</b>	
TITLE	<b>TD</b>	<input type="checkbox"/> Delete
NAME	<b>PETTIT, HENRY P</b>	
STREET ADDRESS	<b>4736 LEACOCK CT.</b>	
CITY-ST-ZIP	<b>ORLANDO FL 32817</b>	
TITLE	<b>P</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>ALFONSO, FRANK</b>	
STREET ADDRESS	<b>9549 FITZSIMON DR</b>	
CITY-ST-ZIP	<b>ORLANDO FL 32817</b>	
TITLE	<b>S</b>	<input type="checkbox"/> Delete
NAME	<b>HERLITZKA, SCOTT</b>	
STREET ADDRESS	<b>4849 STAHL CT</b>	
CITY-ST-ZIP	<b>ORLANDO FL 32817</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>PETTIT, HENRY P</b>	
STREET ADDRESS	<b>4736 LEACOCK CT.</b>	
CITY-ST-ZIP	<b>ORLANDO FL 32817</b>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	<b>P</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>ELLEN M. PETIT</b>	
STREET ADDRESS	<b>4736 LEACOCK CT.</b>	
CITY-ST-ZIP	<b>ORLANDO FL 32817</b>	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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: *[Signature]* **SIGNATURE REQUIRED**

SIGNATURE AND TYPE, OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #

CR2E037 (10/02)