


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 05, 2005 8:00 am
Secretary of State

04-05-2005 90055 019 ****61.25

DOCUMENT # N94000005736					
1. Entity Name WATERWITCH COVE HOMEOWNERS ASSOCIATION, INC.					
Principal Place of Business 1244 WATERWITCH COVE CIR. ORLANDO, FL 32806 US			Mailing Address 4836 WATERWITCH POINT DR ORLANDO, FL 32806		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number 59-3276902	
				Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
HOPPE, MICHAEL 1244 WATERWITCH COVE. CIR. ORLANDO, FL 32806			Name <u>Elden McDirmitt</u> Street Address (P.O. Box Number is Not Acceptable) <u>4836 Waterwitch Pt. Dr.</u> City <u>Orlando</u> FL Zip Code <u>32806</u>		
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 <u>Elden C. McDirmitt</u>				DATE <u>4/1/05</u>	
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)				DATE	
Filing Fee is \$81.25 Due by May 1, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
				Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	DP	<input checked="" type="checkbox"/> Delete	TITLE	DP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HOPPE, MICHAEL		NAME	Thad Czupka	
STREET ADDRESS	1244 WATERWITCH COVE CIR		STREET ADDRESS	1351 Waterwitch Cove Ct.	
CITY-ST-ZIP	ORLANDO, FL 32806		CITY-ST-ZIP	Orlando, FL 32806	
TITLE	DVP	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MEDDOCK, LARRY		NAME		
STREET ADDRESS	4860 WATERWITCH POINT DR		STREET ADDRESS		
CITY-ST-ZIP	ORLANDO, FL 32806		CITY-ST-ZIP		
TITLE	DST	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MCDIRMIT, ELDEN		NAME		
STREET ADDRESS	4836 WATERWITCH POINT DR		STREET ADDRESS		
CITY-ST-ZIP	ORLANDO, FL 32806		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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: <u>Elden C. McDirmitt</u>				DATE <u>4/1/05</u> Daytime Phone # <u>407-845-5400</u>	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				Date	
<u>Elden McDirmitt</u>					