


**2007 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jan 19, 2007 08:00 AM**  
**Secretary of State**

DOCUMENT # N94000005736  
1. Entity Name  
WATERWITCH COVE HOMEOWNERS ASSOCIATION,  
INC.



Principal Place of Business      Mailing Address  
1244 WATERWITCH COVE CIR.      1333 WATERWITCH COVE CIR  
ORLANDO, FL 32806 US      ORLANDO, FL 32806

**DO NOT WRITE IN THIS SPACE**



01162007 No Chg-NP      CR2E037 (4/06)

4. FEI Number      Applied For  
59-3276902      Not Applicable

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

6. Name and Address of Current Registered Agent  
WARREN, LISA  
1333 WATERWITCH COVE CIR  
ORLANDO, FL 32806

**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: Lisa Warren      Lisa Warren      1/16/07  
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, 2007**

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

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	DP CZAPKA, THAD 1339 WATERWITCH COVE CIRCLE ORLANDO, FL 32806
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DVP MEDDOCK, LARRY 4860 WATERWITCH POINT DR ORLANDO, FL 32806
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DST WARREN, LISA 1333 WATERWITCH COVE CIR ORLANDO, FL 32806
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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U00000593133  
01/22/07-80018-011 61.25

**DO NOT WRITE  
IN THIS SPACE**

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: Lisa Warren      LISAS. WARREN      1/16/07  
Signature and typed or printed name of signing officer or director      Date      Daytime Phone #

407/858-8296