


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 24, 2008 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.
 ORLANDO, FL 32806 US** **1333 WATERWITCH COVE CIR
 ORLANDO, FL 32806**

DO NOT WRITE IN THIS SPACE



01172008 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**

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

**Filing Fee is \$61.25
 Due by May 1, 2008**

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
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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 S. Warren*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/17/08 407-888-8296
Date Daytime Phone #