


# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 28, 2008 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # 728837</b>		
1. Entity Name <b>WATERS EDGE CONDOMINIUM ASSOCIATION, INC.</b>		
Principal Place of Business <b>5808 GULF DRIVE HOLMES BEACH, FL 34217</b>	Mailing Address <b>P.O. BOX 1804 HOLMES BEACH, FL 34218</b>	



01162008 No Chg-NP CR2E037 (4/06)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>59-1650635</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

6. Name and Address of Current Registered Agent  <b>WILSON, GEORGE 5808 GULF DR. UNIT 209 HOLMES BEACH, FL 34217</b>	<b>DO NOT WRITE IN THIS SPACE</b>
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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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**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	PVD WETHERINGTON, KENNETH 5808 GULF DR. UNIT 102 BRADENTON BEACH, FL 34217
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SDT ZANETTI, CORNELIA 5808 GULF DR. UNIT 204 HOLMES BEACH, FL 34217
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD WILSON, GEORGE 5808 GULF DR. UNIT 209 HOLMES BEACH, FL 34217
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01/30/08-80091-003 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:** *[Signature]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*[Signature]* **1/22/08** **841-778-7024**  
Date Daytime Phone