


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 29, 2005 8:00 am
Secretary of State

06-29-2005 90003 019 ****61.25

DOCUMENT # N02000001638

1. Entity Name
WATER'S EDGE SUBDIVISION HOMEOWNERS ASSOCIATION, INC.



Principal Place of Business 7581 CAPE SAN BLAS RD PORT ST JOE, FL 32456	Mailing Address 7581 CAPE SAN BLAS RD PORT ST JOE, FL 32456
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50054082



06102005 No Chg-NP CR2E037 (10/03)

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4. FEI Number 73-1658532	Applied For Not Applicable
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5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

PIERGIOVANNI, DALE
7581 CAPE SAN BLAS RD
PORT ST JOE, FL 32456

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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 September 7, 2005

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 PIERGIOVANNI, DALE 7581 CAPE SAN BLAS RD PORT ST JOE, FL 32456
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV PIERGIOVANNI, DEAN C 7583 CAPE SAN BLAS RD PORT ST JOE, FL 32456
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST TAYLOR, LIBIA 1401 CONSTITUTION DR PORT ST JOE, FL 32456
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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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: Libia S. Taylor LIBIA S. TAYLOR 6/23/05 972-234-5353
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #