

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 16, 2007 08:00 AM
Secretary of State

DOCUMENT # N02000001638
 1. Entity Name
 WATER'S EDGE SUBDIVISION HOMEOWNERS ASSOCIATION, INC.



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



03012007 No Chg-NP CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number Applied For
 73-1658532 Not Applicable

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

6. Name and Address of Current Registered Agent
 PIEGIOVANNI, 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 _____
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

U00000670064
 03/27/07-80038-002 61.25

10. OFFICERS AND DIRECTORS

TITLE	DP
NAME	PIERGIOVANNI, DALE
STREET ADDRESS	7581 CAPE SAN BLAS RD
CITY - ST - ZIP	PORT ST JOE, FL 32456
TITLE	DV
NAME	PIERGIOVANNI, DEAN C
STREET ADDRESS	7583 CAPE SAN BLAS RD
CITY - ST - ZIP	PORT ST JOE, FL 32456
TITLE	D
NAME	PIERGIOVANNI, CLEMENT
STREET ADDRESS	227 WATERS EDGE DRIVE
CITY - ST - ZIP	PORT SAINT JOE, FL 32456
TITLE	D
NAME	KENDRICK, HERSHELL L
STREET ADDRESS	PO BOX 695
CITY - ST - ZIP	SELMA, AL 36702
TITLE	DST
NAME	EPP, SUSAN K
STREET ADDRESS	3060 HORESHOE PLANTATION RD.
CITY - ST - ZIP	TALLAHASSEE, FL 32312
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 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: Dale Piegiovanni 3-08-07 850-229-6747
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #