


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 15, 2008 8:00 am
Secretary of State

04-15-2008 90025 040 ****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**

60023261



2. Principal Place of Business - No P.O. Box #
 Suite. Apt. #, etc.
 City & State
 Zip Country

3. Mailing Address
 Suite. Apt. #, etc.
 City & State
 Zip Country

03122008 Chg-NP CR2E037 (12/06)

4. FEI Number
73-1658532 Applied For
 Not Applicable

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**

7. Name and Address of New Registered Agent
 Name
 Street Address (P.O. Box Number is Not Acceptable)
 City **FL** Zip Code

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**

**Make check payable to
 Florida Department of State**

10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10			
TITLE	DP	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	PIERGIOVANNI, DALE			NAME			
STREET ADDRESS	7581 CAPE SAN BLAS RD			STREET ADDRESS			
CITY-ST-ZIP	PORT ST JOE, FL 32456			CITY-ST-ZIP			
TITLE	DV	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	PIERGIOVANNI, DEAN C			NAME			
STREET ADDRESS	7583 CAPE SAN BLAS RD			STREET ADDRESS			
CITY-ST-ZIP	PORT ST JOE, FL 32456			CITY-ST-ZIP			
TITLE	D	<input type="checkbox"/> Delete		TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	PIERGIOVANNI, CLEMENT			NAME	Piergiovanni, Clement J.		
STREET ADDRESS	227.WATERS EDGE DRIVE			STREET ADDRESS			
CITY-ST-ZIP	PORT SAINT JOE, FL 32456			CITY-ST-ZIP			
TITLE	D	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	KENDRICK, HERSHELL L			NAME			
STREET ADDRESS	PO BOX 695			STREET ADDRESS			
CITY-ST-ZIP	SELMA, AL 36702			CITY-ST-ZIP			
TITLE	DST	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	EPP, SUSAN K			NAME			
STREET ADDRESS	3060 HORESHOE PLANTATION RD.			STREET ADDRESS			
CITY-ST-ZIP	TALLAHASSEE, FL 32312			CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			

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 PIERGIOVANNI DeletPiergioc... 850-229-6747
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #