



04-16-2007 90037 003 ****61.25

<div style="display: flex; justify-content: space-between;"><div>DOCUMENT # N06000011021 1. Entity Name WATER'S EDGE CONDOMINIUM ASSOCIATION OF OSCEOLA COUNTY, INC.</div><div style="text-align: center;"></div></div> <div style="display: flex; justify-content: space-between;"><div>Principal Place of Business 3001 ALOMA AVE SUITE 101 WINTER PARK FL 32792</div><div>Mailing Address 3001 ALOMA AVE SUITE 101 WINTER PARK FL 32792</div></div>		<div style="text-align: right; font-size: 24pt; font-weight: bold;">Secretary of State</div> <div style="text-align: right;">04-16-2007 90037 003 ****61.25</div> <div style="text-align: center; margin-top: 20px;"></div> <div style="text-align: center; margin-top: 10px;">1st MOORE CR2E037 (10/06)</div>
<div style="display: flex;"><div style="width: 30%;">2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc. City & State Zip Country</div><div style="width: 30%;">3. Mailing Address Suite, Apt. #, etc. City & State Zip Country</div><div style="width: 40%;">4. FEI Number <div style="display: flex; justify-content: flex-end;"><input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable</div></div></div>		
<div style="display: flex;"><div style="width: 50%;">6. Name and Address of Current Registered Agent MCCLARY, MIKE 3001 ALOMA AVE SUITE 101 WINTER PARK FL 32792</div><div style="width: 50%;">7. Name and Address of New Registered Agent <div style="border: 1px solid black; padding: 5px;">Name</div><div style="border: 1px solid black; padding: 5px;">Street Address (P.O. Box Number is Not Acceptable)</div><div style="border: 1px solid black; padding: 5px;">City</div><div style="display: flex; justify-content: space-between;"><div style="border: 1px solid black; padding: 5px;">FL</div><div style="border: 1px solid black; padding: 5px;">Zip Code</div></div></div></div>		

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 renewing) DATE _____																																																																																																																																																																																	
FILE NOW: FEE IS \$61.25 Due By May 1, 2007 **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					----------------	--------------------------	---------------------------------		TITLE	PD	<input type="checkbox"/> Delete		NAME	PURSGLOVE, PHILLIP			STREET ADDRESS	3001 ALOMA AVE SUITE 101			CITY- ST- ZIP	WINTER PARK FL 32792			TITLE	VPTD	<input type="checkbox"/> Delete		NAME	BANGE, HANS			STREET ADDRESS	3001 ALOMA AVE SUITE 101			CITY- ST- ZIP	WINTER PARK FL 32792			TITLE	SD	<input type="checkbox"/> Delete		NAME	MCCLARY, MIKE			STREET ADDRESS	3001 ALOMA AVE SUITE 101			CITY- ST- ZIP	WINTER PARK FL 32792			TITLE		<input type="checkbox"/> Delete		NAME				STREET ADDRESS				CITY- ST- ZIP				TITLE		<input type="checkbox"/> Delete		NAME				STREET ADDRESS				CITY- ST- ZIP				TITLE		<input type="checkbox"/> Delete		NAME				STREET ADDRESS				CITY- ST- ZIP				**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10**					----------------	--	---		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition		NAME				STREET ADDRESS				CITY- ST- ZIP				TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition		NAME				STREET ADDRESS				CITY- ST- ZIP				TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition		NAME				STREET ADDRESS				CITY- ST- ZIP				TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition		NAME				STREET ADDRESS				CITY- ST- ZIP			
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: **Michael McClary** SIGNATURE AND TYPED OR PRINTED NAME OF BORING OFFICER OR DIRECTOR Date: **3/26/2007** Daytime Phone: _____																																																																																																																																																																																	