

# 2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N32346

FILED  
Jan 06, 2012  
Secretary of State

**Entity Name:** WATER'S EDGE ESTATES OWNERS ASSOCIATION, INC.

**Current Principal Place of Business:**

291 FISHERMAN'S  
JUPITER, FL 33477 US

**New Principal Place of Business:**

**Current Mailing Address:**

291 FISHERMAN'S  
JUPITER, FL 33477 US

**New Mailing Address:**

FEI Number: 65-0633489

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

JAY LEVINE PA  
3300 PGA BLVD  
#570  
PALM BCH. GARDENS, FL 33410 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**OFFICERS AND DIRECTORS:**

Title: PD  
Name: MASON, JILL  
Address: 241 FISHERMAN WAY  
City-St-Zip: JUPITER, FL 33477

Title: D  
Name: CHANEY, PAUL DUNN  
Address: 378 FISHERMANS WAY  
City-St-Zip: JUPITER, FL 33477

Title: D  
Name: SMYKAL, ROBERT  
Address: 331 FISHERMAN'S WAY  
City-St-Zip: JUPITER, FL 33477

Title: D  
Name: DUNN, SHARON  
Address: 370 FISHERMAN'S WAY  
City-St-Zip: JUPITER, FL 33477

Title: VP  
Name: STAFFORD, CONNIE  
Address: 181 FISHERMANS WAY  
City-St-Zip: JUPITER, FL 33477

Title: T  
Name: DUNN, DENNIS  
Address: 291 FISHERMAN'S WAY  
City-St-Zip: JUPITER, FL 33477

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: DENNIS DUNN, TREASURER

T

01/06/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date