

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 09, 2005 08:00 AM
Secretary of State

DOCUMENT # N41677	
1. Entity Name WATER'S EDGE AT PEPPERTREE POINTE COMMUNITY ASSOCIATION, INC.	
Principal Place of Business 15650 SAN CARLOS BLVD. #40 FORT MYERS, FL 33908	Mailing Address 15650 SAN CARLOS BLVD. #40 FORT MYERS, FL 33908



01052005 No Chg-NP CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0312699	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent SAPP, PAUL L 15660 SAN CARLOS BLVD. #40 FORT MYERS, FL 33908
--

**DO NOT WRITE
IN THIS SPACE**

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 reappointing) DATE _____

**Filing Fee is \$61.25
Due by May 1, 2005**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be
Added to Fees**

1100000365205
05/09/05-80029-017 61.25

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTD SCHNECKENBERG, DAVID 839 N 11TH ST. MILWAUKEE, WI 53233
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD CUMMINGS, VIRGINIA M 11780 IONA RD FORT MYERS, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD CHUDNOW, DAVID 11780 IONA RD FORT MYERS, FL 33908
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: *David Schnackenberg*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/1/05 414-274-6010
Date Daytime Phone #

David Schnackenberg

5040 - 2005 ANNUAL REPORT