

# **2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N49011

**FILED**  
**Mar 24, 2010**  
**Secretary of State**

**Entity Name:** WATER'S EDGE OF TAMARAC HOMEOWNERS' ASSOCIATION, INC.

**Current Principal Place of Business:**

5900 NW 93RD TERRACE  
TAMARAC, FL 33321 US

**New Principal Place of Business:**

**Current Mailing Address:**

5900 NW 93RD TERRACE  
TAMARAC, FL 33321 US

**New Mailing Address:**

**FEI Number:**

**FEI Number Applied For ( )**

**FEI Number Not Applicable (X)**

**Certificate of Status Desired ( )**

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

MCMAHON, DON  
5962 NW 93 TERR  
TAMARAC, FL 33321 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: RS  
Name: KWOK, ANNA  
Address: 5902 NW 93RD TERR  
City-St-Zip: TAMARAC, FL 33321

Title: TR  
Name: LAWSON, PAT  
Address: 5928 NW 93 TERRACE  
City-St-Zip: TAMARAC, FL 33321

Title: P  
Name: SANTUCCI, PAUL  
Address: 5920 NW 93 TERRACE  
City-St-Zip: TAMARAC, FL 33321

Title: VP  
Name: MC MAHON, DON  
Address: 5962 NW 93RD TERR  
City-St-Zip: FORT LAUDERDALE, FL 33321

Title: CS  
Name: OBAN, MARCIA  
Address: 5925 NW 93 TERR  
City-St-Zip: TAMARAC, FL 33312 US

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: DON MCMAHON

VP

03/24/2010

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

\_\_\_\_\_  
Date