

2014 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 746406

Entity Name: WATERS EDGE CONDOMINIUM ASSOCIATION INC. OF MARCO ISLAND**Current Principal Place of Business:**931 COLLIER CT
MARCO ISLAND, FL 34145**Current Mailing Address:**PO BOX 1572
MARCO ISLAND, FL 34146**FEI Number: 59-1915988****Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**WILL, JEFFREY
601 ELKCAM CIRCLE
B-14
MARCO ISLAND, FL 34145 US*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**Officer/Director Detail :**

Title	PD
Name	BATES, DAVID
Address	104 CALLAWAY COVE
City-State-Zip:	LOVES PARK IL 61111

Title	TD
Name	JACOBSON, ARVIN
Address	907 WINDCREST CIRCLE SE
City-State-Zip:	NEW PRAGUE MN 56071

Title	VPD
Name	HOLLE, LEE
Address	929 COLLIER CT., B-304
City-State-Zip:	MARCO ISLAND FL 34145

Title	D
Name	MILICI, PAUL
Address	933 COLLIER CT., C-401
City-State-Zip:	MARCO ISLAND FL 34145

Title	SECRETARY, DIRECTOR
Name	HECKENLAIBLE, JIM
Address	25525 WILLOW LANE
City-State-Zip:	NEW PRAGUE MN 56071

Title	DIRECTOR
Name	SIDA, NICK
Address	931 COLLIER CT.
City-State-Zip:	MARCO ISLAND FL 34145

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: DAVID BATES**PRESIDENT****03/05/2014**_____
Electronic Signature of Signing Officer/Director Detail_____
Date