	DOCUMENT# N02000001638			
	Entity Name: WATER'S EDGE SUBDIVISION HOMEOWNERS ASSOCIATION, INC.			
	Current Principal Place of Business:			

2013 ELORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

7581 CAPE SAN BLAS RD PORT ST JOE, FL 32456

## **Current Mailing Address:**

7581 CAPE SAN BLAS RD PORT ST JOE, FL 32456

#### FEI Number: 73-1658532

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

PIEGIOVANNI, DALE 7581 CAPE SAN BLAS RD PORT ST JOE, FL 32456 US Certificate of Status Desired: No

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

### **Officer/Director Detail :**

Omoci/Direc						
Title	DP	Title	DV			
Name	PIERGIOVANNI, DALE	Name	PIERGIOVANNI, DEAN C			
Address	7581 CAPE SAN BLAS RD	Address	7583 CAPE SAN BLAS RD			
City-State-Zip:	PORT ST JOE FL 32456	City-State-Zip:	PORT ST JOE FL 32456			
Title	D	Title	D			
Name	PIERGIOVANNI, CLEMENT J	Name	KENDRICK, HERSHELL L			
Address	227 WATERS EDGE DRIVE	Address	PO BOX 695			
City-State-Zip:	PORT SAINT JOE FL 32456	City-State-Zip:	SELMA AL 36702			
Title	DST					
Name	EPP, SUSAN K					
Address	3060 HORSESHOE PLANTATION RD.					
City-State-Zip:	TALLAHASSEE FL 32312					

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: DALE PIERGIOVANNI	DP	03/28/2013

Electronic Signature of Signing Officer/Director Detail

# FILED Mar 28, 2013 Secretary of State CC0810098035

Date