## 2016 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000001638

Entity Name: WATER'S EDGE SUBDIVISION HOMEOWNERS ASSOCIATION,

INC.

FILED
Apr 15, 2016
Secretary of State
CC0346433583

### **Current Principal Place of Business:**

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 Certificate of Status Desired: No

## Name and Address of Current Registered Agent:

PIEGIOVANNI, DALE 7581 CAPE SAN BLAS RD PORT ST JOE, FL 32456 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 DP Title DV

NamePIERGIOVANNI, DALENamePIERGIOVANNI, DEAN CAddress7581 CAPE SAN BLAS RDAddress7583 CAPE SAN BLAS RDCity-State-Zip:PORT ST JOE FL 32456City-State-Zip:PORT ST JOE FL 32456

Title D Title

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

04/15/2016