

**2014 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N02000001638

**FILED  
Mar 03, 2014  
Secretary of State  
CC5310060413**

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

**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  
Name PIERGIOVANNI, DALE  
Address 7581 CAPE SAN BLAS RD  
City-State-Zip: PORT ST JOE FL 32456

Title DV  
Name PIERGIOVANNI, DEAN C  
Address 7583 CAPE SAN BLAS RD  
City-State-Zip: PORT ST JOE FL 32456

Title D  
Name PIERGIOVANNI, CLEMENT J  
Address 227 WATERS EDGE DRIVE  
City-State-Zip: PORT SAINT JOE FL 32456

Title D  
Name KENDRICK, HERSHELL L  
Address PO BOX 695  
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**

**03/03/2014**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date