

**2021 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N16000003947

**Entity Name:** WATERS EDGE AT EDGEWATER HOMEOWNERS ASSOCIATION  
INC.**FILED**  
**Apr 05, 2021**  
**Secretary of State**  
**3077225494CC****Current Principal Place of Business:**1049 JOHN SIMS PARKWAY  
SUITE 1  
NICEVILLE, FL 32588**Current Mailing Address:**PO BOX 73  
NICEVILLE, FL 32588 US**FEI Number: 81-2499632****Certificate of Status Desired: No****Name and Address of Current Registered Agent:**PANHANDLE MANAGEMENT LLC  
1049 JOHN SIMS PARKWAY  
SUITE 1  
NICEVILLE, FL 32588 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: CARMEN SOUDERS****04/05/2021**

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :****Title** PRESIDENT  
**Name** EDWARDS, MICHAEL  
**Address** PO BOX 73  
**City-State-Zip:** NICEVILLE FL 32588**Title** VP  
**Name** MAGWOOD, RON  
**Address** PO BOX 73  
**City-State-Zip:** NICEVILLE FL 32588**Title** TREASURER  
**Name** JOHNSON, RICHARD  
**Address** 107 N. PARTIN DR  
**City-State-Zip:** NICEVILLE FL 32578**Title** SECRETARY  
**Name** ILGENFRITZ, DAVID  
**Address** PO BOX 73  
**City-State-Zip:** NICEVILLE FL 32588**Title** DIRECTOR  
**Name** PEARSON, KAREN  
**Address** PO BOX 73  
**City-State-Zip:** NICEVILLE FL 32588

*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: MICHAEL EDWARDS****PRESIDENT****04/05/2021**

Electronic Signature of Signing Officer/Director Detail

Date