

**2023 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N41677

**Entity Name:** WATER'S EDGE FORT MYERS, INC.**Current Principal Place of Business:**C/O FLORIDA SUNSET MANAGEMENT  
1520 ROYAL PALM SQUARE BLVD 360  
FORT MYERS, FL 33919**Current Mailing Address:**C/O FLORIDA SUNSET MANAGEMENT  
1520 ROYAL PALM SQUARE BLVD 360  
FORT MYERS, FL 33919 US**FEI Number:** 65-0312699**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**MACKESY, STEVEN  
C/O FLORIDA SUNSET MANAGEMENT  
1520 ROYAL PALM SQUARE BLVD 360  
FORT MYERS, FL 33919 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 DIRECTOR  
Name MCDONALD, JOHN  
Address C/O FLORIDA SUNSET MANAGEMENT  
1520 ROYAL PALM SQUARE BLVD 360  
City-State-Zip: FORT MYERS FL 33919

Title PRESIDENT  
Name KELLEY, TERRY  
Address C/O FLORIDA SUNSET MANAGEMENT  
1520 ROYAL PALM SQUARE BLVD 360  
City-State-Zip: FORT MYERS FL 33919

Title DIRECTOR  
Name WHEATCRAFT, BILL  
Address C/O FLORIDA SUNSET MANAGEMENT  
1520 ROYAL PALM SQUARE BLVD 360  
City-State-Zip: FORT MYERS FL 33919

Title TREASURER  
Name MICHELLE, MAJOR  
Address C/O FLORIDA SUNSET MANAGEMENT  
1520 ROYAL PALM SQUARE BLVD 360  
City-State-Zip: FORT MYERS FL 33919

Title SECRETARY  
Name HELTERBRAN, VALERIE  
Address C/O FLORIDA SUNSET MANAGEMENT  
1520 ROYAL PALM SQUARE BLVD 360  
City-State-Zip: FORT MYERS FL 33919

Title VP  
Name SCHROEDER, WILLIAM  
Address C/O FLORIDA SUNSET MANAGEMENT  
1520 ROYAL PALM SQUARE BLVD 360  
City-State-Zip: FORT MYERS FL 33919

*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:** TERRY KELLEY

PRESIDENT

04/07/2023

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