

**2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N49011

**FILED**  
**Jan 13, 2015**  
**Secretary of State**  
**CC1243030135****Entity Name:** WATER'S EDGE OF TAMARAC HOMEOWNERS' ASSOCIATION, INC.**Current Principal Place of Business:**C/O PHOENIX MANAGEMENT SERVICES  
4800 N STATE ROAD SUITE 105  
LAUDERDALE LAKES, FL 33319**Current Mailing Address:**C/O PHOENIX MANAGEMENT SERVICES  
4800 N STATE ROAD SUITE 105  
LAUDERDALE LAKES, FL 33319 US**FEI Number: NOT APPLICABLE****Certificate of Status Desired: No****Name and Address of Current Registered Agent:**PHOENIX MANAGEMENT SERVICES  
C/O PHOENIX MANAGEMENT SERVICES  
4800 N STATE ROAD SUITE 105  
LAUDERDALE LAKES, FL 33319 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: SHELDON GOLDBERG****01/13/2015**

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title	PRESIDENT, DIRECTOR
Name	RADOMSKI, ROY
Address	C/O PHOENIX MANAGEMENT SERVICES 4800 N STATE ROAD SUITE 105
City-State-Zip:	LAUDERDALE LAKES FL 33319

Title	TREASURER, DIRECTOR
Name	OBAM, MARCIA
Address	C/O PHOENIX MANAGEMENT SERVICES 4800 N STATE ROAD SUITE 105
City-State-Zip:	LAUDERDALE LAKES FL 33319

Title	VP, DIRECTOR
Name	REID, BRIAN
Address	C/O PHOENIX MANAGEMENT SERVICES 4800 N STATE ROAD SUITE 105
City-State-Zip:	LAUDERDALE LAKES FL 33319

Title	SECRETARY, DIRECTOR
Name	PINTO, TERI
Address	C/O PHOENIX MANAGEMENT SERVICES 4800 N STATE ROAD SUITE 105
City-State-Zip:	LAUDERDALE LAKES FL 33319

Title	CORRESPONDING SECRETARY
Name	GIBBS, TERENCE
Address	C/O PHOENIX MANAGEMENT SERVICES 4800 N STATE ROAD SUITE 105
City-State-Zip:	LAUDERDALE LAKES FL 33319

Title	DIRECTOR
Name	BODDEN, EMELINA
Address	C/O PHOENIX MANAGEMENT SERVICES 4800 N STATE ROAD SUITE 105
City-State-Zip:	LAUDERDALE LAKES FL 33319

Title	DIRECTOR
Name	MARTINEZ, ALEJANDRO
Address	C/O PHOENIX MANAGEMENT SERVICES 4800 N STATE ROAD SUITE 105
City-State-Zip:	LAUDERDALE LAKES FL 33319

*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: ROY RADOMSKI****PRESIDENT****01/13/2015**

