## 2010 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# 718653

Apr 26, 2010
Secretary of State

Entity Name: WATER'S EDGE ASSOCIATION INC.

Current Principal Place of Business: New Principal Place of Business:

100 EDGEWATER DR. MIAMI, FL 33133

Current Mailing Address: New Mailing Address:

C/O GUARANTEE MANAGEMENT SERVICES 6925 N.W. 42ND STREET MIAMI, FL 33166

FEI Number: 59-1300481 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

FEIN, STEVEN PA 900 S. STATE ROAD 7 PLANTATION, FL 33317 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

**OFFICERS AND DIRECTORS:** 

Title: PD

 Name:
 SCHOENDORF, HAROLD

 Address:
 100 EDGEWATER DR. 3324

 City-St-Zip:
 S. MIAMI, FL 33143

Title: VPD

Name: HARPER, F. JACKSON
Address: 100 EDGEWATER DR., #327
City-St-Zip: CORAL GABLES,, FL 33133

Title: TD

Name: PELL, ARTHUR

Address: 100 EDGEWATER DR., #273 City-St-Zip: CORAL GABLES,, FL 33133

Title: SD

Name: SHAW, SHEILA

Address: 100 EDGEWATER DR., #205 City-St-Zip: CORAL GABLES,, FL 33133

Title:

Name: NAVARRO, BERNARDO Address: 8240 S.W. 62ND PLACE City-St-Zip: MIAMI, FL 33134

Title: [

Name: CHRISTIANSON, SUSAN
Address: 100 EDGEWATER DR., #344
City-St-Zip: CORAL GABLES, FL 33133

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: HAROLD SCHOENDORF PD 04/26/2010