2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 19, 2011
Secretary of State

DOCUMENT# 718653

Entity Name: WATER'S EDGE ASSOCIATION INC.

Current Principal Place of Business:

100 EDGEWATER DR.
MIAMI, FL 33133

New Principal Place of Business:

Current Mailing Address:

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

New Mailing Address:

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

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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: 6925 NW 42ND ST
City-St-Zip: MIAMI, FL 33166

Title: VPD
Name: HARPER, F. JACKSON
Address: 6925 NW 42ND ST
City-St-Zip: MIAMI, FL 33166

Title: TD
Name: PELL, ARTHUR
Address: 6925 NW 42ND ST
City-St-Zip: MIAMI, FL 33166

Title: SD
Name: SHAW, SHEILA
Address: 6925 NW 42ND ST
City-St-Zip: MIAMI, FL 33166

Title: D
Name: NAVARRO, BERNARDO
Address: 6925 NW 42ND ST
City-St-Zip: MIAMI, FL 33166

Title: D
Name: CHRISTIANSON, SUSAN
Address: 6925 NW 42ND ST
City-St-Zip: MIAMI, FL 33166

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 01/19/2011

Electronic Signature of Signing Officer or Director Date