2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 744344

FILED Mar 05, 2008 Secretary of State

Entity Name: WATERS' EDGE EAST CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:				New Principal Place of Business:				
2815 SOUTH ATLANTIC AVE. COCOA BEACH, FL 32931								
Current Mailing Address:				New Mailing Address:				
2815 SOUTH ATLANTIC AVE. SUITE 104 COCOA BEACH, FL 32931 US								
FEI Number: 59-1942425 FEI Number Applied For () FEI Numb					ber Not Applicable () Certificate of Status Desired ()			
Name and Address of Current Registered Agent: Na					Name and Address of New Registered Agent:			
CHENEY, DAVID 2815 S. ATLANTIC AVE. 502 COCOA BEACH, FL 32931 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:				ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:				
Title: Name: Address: City-St-Zip:	CHENEY, DAVID	C AVENUE, # 502		Title: Name: Address: City-St-Zip:	()) Change ()Additio	n	
Title: Name: Address: City-St-Zip:	VP () ROSS, CHERI 2815 S. ATLANT COCOA BCH, FI			Title: Name: Address: City-St-Zip:	VP (X) BEYER, DAVE 2815 S. ATLAN COCOA BCH, F		n	
Title: Name: Address: City-St-Zip:	S () WILLIAMS, JUD 2815 S. ATLANT COCOA BEACH	TC AVE #602		Title: Name: Address: City-St-Zip:	()	Change () Addition	n	
Title: Name: Address: City-St-Zip:	D () WELCH, PHIL 2815 S. ATLANT COCOA BEACH			Title: Name: Address: City-St-Zip:	()	Change () Addition	n	
Title: Name: Address: City-St-Zip:	D () BUNCH, ROBIN 2815 S. ATLANT COCOA BEACH			Title: Name: Address: City-St-Zip:	()) Change ()Addition	n	
Title: Name: Address: City-St-Zip:	D () GILMORE, NICO 2815 S. ATLANT COCOA BEACH	TC AVE #604		Title: Name: Address: City-St-Zip:	()	Change () Addition	n	
I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.								

SIGNATURE: DAVE CHANEY P 03/05/2008