2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 07, 2007 8:00 am
Secretary of State
05-07-2007 90068 044 ****61.25

DOCUMENT # 746406

1. Entity Name
WATERS EDGE CONDOMINIUM ASSOCIATION INC. OF MARCO ISLAND

Principal Place of Business	Mailing Address
931 COLLIER CT PO BOX 1572 MARCO ISLAND, FL 33969	931 COLLIER CT PO BOX 1572 MARCO ISLAND, FL 33969

4U1U/GJ1

04172007 Chg-NP CR2E037 (12/06)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number 59-1915988 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

~~SPITZ, BETTY LOU~~ Safe Harbor Property Management
~~933 COLLIER COURT~~
~~APT. C-101~~ 601 ElKam Circle #B16
MARCO ISLAND, FL ~~33937~~ 34145

7. Name and Address of New Registered Agent

Name Jeffrey Will
Street Address (P.O. Box Number is Not Acceptable)
601 ELKcam Circle, B-16
City Marco Island FL Zip Code 34145

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE Jeffrey Will Jeffrey Will Mgt. Agent 4/15/07
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is $61.25
Due by May 1, 2007

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD KERWIN, RICH 933 COLLIER CT C304 MARCO ISLAND, FL 34145	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Director Kerwin, Rich	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD JACOBSON, ALVIN 933 COLLIER CT C301 MARCO ISLAND, FL 34145	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	President + Treasurer Jacobson, Arvin	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VPD ROEHRIG, LOUIS 933 COLLIER CT C103 MARCO ISLAND, FL 34145	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Director Roehrig, Louis	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D WESSLER, MELVIN 933 COLLIER CT #C302 MARCO ISLAND, FL	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VPD Martin, Keith 933 Collier Ct. C303 Marco Island, FL 34145	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D SPITZ, EUGENE 931 COLLIER CT A201 MARCO ISLAND, FL 34145	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D [redacted] Goetzman, Don 931 Collier Ct. Marco Island, FL 34145	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D GREEN, NORVIN 933 COLLIER CT C403 MARCO ISLAND, FL 34145	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Director, Secretary Bates, David 929 Collier Ct. Marco Island, FL 34145	☐ Change ☒ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Arvin Jacobson 4-24-07 952-758-2265
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

Arvin Jacobson