

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 746406

FILED  
Apr 28, 2008  
Secretary of State

**Entity Name:** WATERS EDGE CONDOMINIUM ASSOCIATION INC. OF MARCO ISLAND

**Current Principal Place of Business:**

931 COLLIER CT  
PO BOX 1572  
MARCO ISLAND, FL 33969

**New Principal Place of Business:**

931 COLLIER CT  
MARCO ISLAND, FL 33969

**Current Mailing Address:**

931 COLLIER CT  
PO BOX 1572  
MARCO ISLAND, FL 33969

**New Mailing Address:**

**FEI Number:** 59-1915988      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

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

WILL, JEFFREY  
601 ELKCAM CIRCLE  
B-16  
MARCO ISLAND, FL 34145 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: D ( ) Delete  
Name: KERWIN, RICH  
Address: 933 COLLIER CT C304  
City-St-Zip: MARCO ISLAND, FL 34145

Title: PT ( ) Delete  
Name: JACOBSON, ALVIN  
Address: 933 COLLIER CT C301  
City-St-Zip: MARCO ISLAND, FL 34145

Title: D ( ) Delete  
Name: ROEHRIG, LOUIS  
Address: 933 COLLIER CT C103  
City-St-Zip: MARCO ISLAND, FL 34145

Title: VD ( ) Delete  
Name: KEITH, MARTIN  
Address: 933 COLLIER CT. C-303  
City-St-Zip: MARCO ISLAND, FL 34145

Title: D ( ) Delete  
Name: GOETZMAN, DON  
Address: 931 COLLIER CT  
City-St-Zip: MARCO ISLAND, FL 34145

Title: D ( ) Delete  
Name: GREEN, NORVIN  
Address: 933 COLLIER CT C403  
City-St-Zip: MARCO ISLAND, FL 34145

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: DS (X) Change ( ) Addition  
Name: BATES, DAVID  
Address: 929 COLLIER CT B102  
City-St-Zip: MARCO ISLAND, FL 34145

Title: PTD (X) Change ( ) Addition  
Name: JACOBSON, ARVIN  
Address: 933 COLLIER CT C301  
City-St-Zip: MARCO ISLAND, FL 34145

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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: ARVIN JACOBSON

PTD

04/28/2008

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date