2008 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT # 758794

1. Entity Name
WATER'S EDGE OF ENGLEWOOD CONDOMINIUM ASSOCIATION, INC.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

08 NOV -7 AM 9:35

Principal Place of Business	Mailing Address
6699 SAN CASA DRIVE ENGLEWOOD, FL 34224	6699 SAN CASA DRIVE ENGLEWOOD, FL 34224

10302008 REIN-NP CR2E099 (1/07)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
6699 SAN CASA DR	6699 SAN CASA DR
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Englewood, Fl.	City & State: Englewood Fl.
Zip: 34224 Country: USA	Zip: 34224 Country: USA

4. FEI Number 59-2392128 ☒ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
WOTITZKY, EDWARD L 210 W MARION AVENUE SUITE 301 PUNTA GORDA, FL 33950	Name: Wotitzky, Edward L. Street Address (P.O. Box Number is Not Acceptable): 223 Taylor Street City: Punta Gorda FL Zip Code: 33950

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 _____ 11/3/08
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $236.25
After January 1, 2009, Fee will be $297.50

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	V SUNKIN, HOWARD 6699 SAN CASA DR #44 ENGLEWOOD, FL 34224	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	JOANNE PROFFITT PRESIDENT of ASSOC & TREASURER 6699 SAN CASA DR Y2 ENGLEWOOD, FL. 34224 ☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	~~SD~~ SECRETARY HOOPER, JOHN 6699 SAN CASA DR #S3 ENGLEWOOD, FL 34224	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	BOARD MEMBER INGRID SIONKE 8190 LANDINGS LANE ENGLEWOOD, FL. 34224 ☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD SUNKIN, HOWARD 6699 SAN CASA DR #Y4 ENGLEWOOD, FL 34224	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	BOARD MEMBER GUY HARRIS 6699 SAN CASA DR T2 ENGLEWOOD, FL. 34224 ☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P DOUMANIS, STEVE 8241 PALMVIEW CT ENGLEWOOD, FL 34224	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	900137696599 11/06/08--01008--008 **236.25 ☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PRESIDENT OK ☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	11/10/08 ☐ 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: Joanne Proffitt 10/31/08 941-473-0671
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #