

# **2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 769348

**FILED**  
**Jan 05, 2010**  
**Secretary of State**

**Entity Name:** WATER'S EDGE OF CAPE CORAL CONDOMINIUM ASSOCIATION, INC.

**Current Principal Place of Business:**

603 SE 15TH STREET #100  
CAPE CORAL, FL 33990

**New Principal Place of Business:**

**Current Mailing Address:**

603 SE 15TH STREET #100  
CAPE CORAL, FL 339902101 US

**New Mailing Address:**

**FEI Number:** 59-2775830

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

ZIEGLER, GERALD  
609 SE 15TH ST  
SUITE 204  
CAPE CORAL, FL 33990 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: ZIEGLER, GERALD  
Address: 609 SE 15TH ST UNIT 204  
City-St-Zip: CAPE CORAL, FL 33990

Title: TD  
Name: ARTZ, SAMUEL  
Address: 621 SE 15TH ST #113  
City-St-Zip: CAPE CORAL, FL 33990

Title: ATD  
Name: KEHLER, FRANK  
Address: 615 SE 15TH ST #109  
City-St-Zip: CAPE CORAL, FL 33990

Title: VP/D  
Name: JAMES MCDONNELL  
Address: 609 SE 15TH ST #105  
City-St-Zip: CAPE CORAL, FL 33990

Title: D  
Name: CONRADY, BARBARA ANN  
Address: 603 SE 15TH ST 102  
City-St-Zip: CAPE CORAL, FL 33990

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: GERALD ZIEGLER

PRES

01/05/2010

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

\_\_\_\_\_  
Date