

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 770753

FILED  
Mar 30, 2007  
Secretary of State

**Entity Name:** WATERS EDGE OF LEE CONDOMINIUM ASSOCIATION, INC.

**Current Principal Place of Business:**

2180 WEST SR 434 SUITE 5000  
LONGWOOD, FL 32779

**New Principal Place of Business:**

**Current Mailing Address:**

2180 WEST SR 434 SUITE 5000  
LONGWOOD, FL 32779

**New Mailing Address:**

**FEI Number:** 59-2516870

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

HART, JAMES W JR  
% SENTRY MANAGEMENT INC  
2180 W SR 434 STE 5000  
LONGWOOD, FL 327795044 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: SD ( ) Delete  
Name: BENNETT, EDWARD J  
Address: 16644 WATERS EDGE CT. I101  
City-St-Zip: FORT MYERS, FL 33908

Title: VPD ( ) Delete  
Name: LEE, BYRON  
Address: 16701 WATERS EDGE CT. F101  
City-St-Zip: FORT MYERS, FL 33908

Title: D ( ) Delete  
Name: MILLER, TOM  
Address: 16688 WATERS EDGE CT #G-101  
City-St-Zip: FT. MYERS, FL 33908

Title: D ( ) Delete  
Name: WARNER, ROBERT  
Address: 16703 WATERS EDGE CT #F102  
City-St-Zip: FORT MYERS, FL 33908

Title: PD ( ) Delete  
Name: COLLEY, ORRIN  
Address: 16606 WATERS EDGE CT. J202  
City-St-Zip: FORT MYERS, FL 33908

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

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

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

Title: TD (X) Change ( ) Addition  
Name: MILLER, TOM  
Address: 16688 WATERS EDGE CT #G-101  
City-St-Zip: FT. MYERS, FL 33908

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 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: ORRIN COLLEY

PD

03/30/2007

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

\_\_\_\_\_  
Date