

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 770753

FILED
Mar 05, 2009
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 #101
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: TD () Delete
Name: MILLER, TOM
Address: 16688 WATERS EDGE CT #G-101
City-St-Zip: FT. MYERS, FL 33908

Title: PD () Delete
Name: ANDERSON, HERBERT
Address: 16627 WATERS EDGE CT #Y102
City-St-Zip: FORT MYERS, FL 33908

Title: D () Delete
Name: GUILLE, LORRAINE
Address: 16551 WATERS EDGE CT #A102
City-St-Zip: FORT MYERS, FL 33908

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: BENNETT, JACK
Address: 16644 WATERS EDGE CT #101
City-St-Zip: FORT MYERS, FL 33908

Title: D (X) Change () Addition
Name: LEE, BYRON
Address: 16701 WATERS EDGE CT #F101
City-St-Zip: FORT MYERS, FL 33908

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

Title: TSD (X) Change () Addition
Name: ANDERSON, HERBERT
Address: 16627 WATERS EDGE CT #Y102
City-St-Zip: FORT MYERS, FL 33908

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: JACK BENNETT

PD

03/05/2009

Electronic Signature of Signing Officer or Director

Date