

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 14, 2007 8:00 am
Secretary of State

02-14-2007 90049 039 ****61.25

DOCUMENT # N00000001280					
1. Entity Name WATERS EDGE HOMEOWNERS ASSOCIATION OF VERO BEACH, INC.					
Principal Place of Business 120 35TH SQUARE SW VERO BEACH, FL 32968			Mailing Address P.O. BOX 651459 VERO BEACH, FL 32965-1459		
2. Principal Place of Business - No P.O. Box # 120 35th Square SW Suite, Apt. #, etc.			3. Mailing Address P. O. Box 651459 Suite, Apt. #, etc.		
City & State Vero Beach, FL		City & State Vero Beach, FL		4. FEI Number 65-1022576	
Zip 32968		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent MCKINNON, CHARLES W ESQ 5070 N. HWY A1A SUITE 200 VERO BEACH, FL 32963			7. Name and Address of New Registered Agent Name: MCKINNON, Charles W., Esq. Street Address (P.O. Box Number is Not Acceptable): 3055 Cardinal Drive, Suite 302 City: Vero Beach, FL Zip Code: 32963		
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: <small>Signature, typed or printed name of registered agent and title if applicable.</small>			DATE: 2-5-07 <small>(NOTE: Registered Agent signature required when reinstating)</small>		
Filing Fee is \$61.25 Due by May 1, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		Make check payable to: Florida Department of State	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE PD NAME GRANGER, RICAHRD STREET ADDRESS 120 35TH SQUARE SW CITY-ST-ZIP VERO BEACH, FL 32968	<input checked="" type="checkbox"/> Delete		TITLE PD NAME GIOVANNONE, JOE STREET ADDRESS 136 35th Square SW CITY-ST-ZIP Vero Beach, FL 32968	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE T NAME HOGAN, MARY L STREET ADDRESS 167 35 SQ SW CITY-ST-ZIP VERO BEACH, FL 32968	<input checked="" type="checkbox"/> Delete		TITLE T NAME HOGAN, MARY L. STREET ADDRESS 167 35 SQ SW CITY-ST-ZIP Vero Beach, FL 32968	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE S NAME BEEM, HOWARD R STREET ADDRESS 155 35 SQ. SW. CITY-ST-ZIP VERO BEACH, FL 32968	<input checked="" type="checkbox"/> Delete		TITLE S NAME BEEM, Laura STREET ADDRESS 155 35 SQ SW CITY-ST-ZIP Vero Beach, FL 32968	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE D NAME WERLE, BRUCE STREET ADDRESS 171 35TH SQUARE SW CITY-ST-ZIP VERO BEACH, FL 32968	<input checked="" type="checkbox"/> Delete		TITLE D NAME WERLE, Bruce STREET ADDRESS 171 35th Square SW CITY-ST-ZIP Vero Beach, FL 32968	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE D NAME UPTON, RUSSELL W STREET ADDRESS 141 35TH SQUARE SW CITY-ST-ZIP VERO BEACH, FL 32968	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP 	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP 	<input type="checkbox"/> Delete		TITLE VPD NAME BOCK, MARK STREET ADDRESS 156 35th Square SW CITY-ST-ZIP Vero Beach, FL 32968	<input type="checkbox"/> Change <input checked="" type="checkbox"/> 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: <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			DATE: 2-12-07 772.978.6125 <small>Date Daytime Phone #</small>		

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