2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT



FILED Apr 09, 2008 8:00 am Secretary of State

1. Entity Nam WATERS	MENT # N0000000 EDGE HOMEOWNERS A EACH, INC.	04	1-09-2008 9	•	****61.2	25		
Principal Place of Business 120 35TH SQUARE SW VERO BEACH, FL 32968		Mailing Address P.O. BOX 651459 VERO BEACH, FL 32965-1459		#UUU!!!				HIER BALLEN
2. Principal Place of Business - No P.O. Box #		3. Mailing Address						
Suite, Apt. #, etc.		Suite, Apt. #, etc.		03202008 _C	hg-NP	CR2E037	(12/06)	
City & State		City & State		4. FEI Number 65-10225	76			plied For t Applicable
Zip	Country	Zip	Country	5. Certificate of S	Status Desired		3.75 Add e Required	
	6. Name and Address of Current	Registered Agent		7. Name and Ad	dress of New R	legistered Age	ent	
MCKINION CHARLES WESO			Name					
MCKINNON, CHARLES W ESQ 3055 CARDINAL DRIVE SUITE 302 VERO BEACH, FL 32963			Street A	ddress (P.O. Box Number is	Not Acceptable	e)		
VENO BE	40H, FE 32903		City			-	Zin Cod	
			City			FL	Zip Code	В
	named entity submits this statement fi ions of registered agent.	or the purpose of changing its reg	gistered office o	r registered agent, or both, i	n the State of Fl	orida. I am fan	niliar with,	and accept
SIGNATURE	Signature, typed or printed name of registered agen	. Long to Problem to MANT TO		 		B. 27		
i	Siffusing the or busing a selection of the selection of t	tand (me it applicable. (NOTE: He	egistered Agent signal	ure required when reinstating)		DATE		
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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:	Mary	
SIGNATURE:	Mary	

Mary L. Hogan

SIGNATURE AND TYPED OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR