

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00000001280

FILED
Mar 25, 2009
Secretary of State

Entity Name: WATERS EDGE HOMEOWNERS ASSOCIATION OF VERO BEACH, INC.

Current Principal Place of Business:

120 35TH SQUARE SW
VERO BEACH, FL 32968

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 651459
VERO BEACH, FL 329651459

New Mailing Address:

FEI Number: 65-1022576

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MCKINNON, CHARLES W ESQ
3055 CARDINAL DRIVE
SUITE 302
VERO BEACH, FL 32963 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 () Delete
Name: GIOVANNONE, JOE
Address: 136 35TH SQUARE SW
City-St-Zip: VERO BEACH, FL 32968

Title: T () Delete
Name: HOGAN, MARY L
Address: 167 35 SQ SW
City-St-Zip: VERO BEACH, FL 32968

Title: S () Delete
Name: BEEM, LAURA
Address: 155 35 SQ. SW.
City-St-Zip: VERO BEACH, FL 32968

Title: D () Delete
Name: WERLE, BRUCE
Address: 171 35TH SQUARE SW
City-St-Zip: VERO BEACH, FL 32968

Title: VPD () Delete
Name: BOCK, MARK
Address: 156 35TH SQUARE SW
City-St-Zip: VERO BEACH, FL 32968

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: WOODS, DONNA
Address: 148 35TH SQUARE SW
City-St-Zip: VERO BEACH, FL 32968

Title: T (X) Change () Addition
Name: HOGAN, MARY L
Address: 167 35TH SQUARE SW
City-St-Zip: VERO BEACH, FL 32968

Title: VP/S (X) Change () Addition
Name: BOCK, MANDY
Address: 156 35TH SQUARE SW
City-St-Zip: VERO BEACH, FL 32968

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

Title: D (X) Change () Addition
Name: GIOVANONNE, KATHERINE
Address: 136 35TH SQUARE SW
City-St-Zip: VERO BEACH, FL 32968

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: CHARLES W. MCKINNON, ESQ.

RA

03/25/2009

Electronic Signature of Signing Officer or Director

Date