


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 15, 2006 8:00 am
Secretary of State

03-15-2006 90095 004 ****61.25

DOCUMENT # N00000001840 1. Entity Name WATER'S EDGE AT HERITAGE OAK PARK ASSOCIATION, INC.					
Principal Place of Business 19315 WATER OAK DR. PORT CHARLOTTE, FL 33948			Mailing Address 19315 WATER OAK DR. PORT CHARLOTTE, FL 33948		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 65-0995788	
				Applied For <input type="checkbox"/> Not Applicable	
				5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent STARK, VALERIE 19310 WATER OAK DR. #202 PORT CHARLOTTE, FL 33948			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code		
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. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$61.25 Due by May 1, 2006		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	P <input checked="" type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	MARINOZZI, SILVIO		NAME		
STREET ADDRESS	19305 WATER OAK DR. #204		STREET ADDRESS		
CITY-ST-ZIP	PORT CHARLOTTE, FL 33948		CITY-ST-ZIP		
TITLE	ST <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	STARK, VALERIE		NAME		
STREET ADDRESS	19310 WATER OAK DR. #202		STREET ADDRESS		
CITY-ST-ZIP	PORT CHARLOTTE, FL 33948		CITY-ST-ZIP		
TITLE	D <input type="checkbox"/> Delete		TITLE	PRESIDENT <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	FREDERICKS, ROBERT		NAME		
STREET ADDRESS	19305 WATER OAK DR		STREET ADDRESS		
CITY-ST-ZIP	PORT CHARLOTTE, FL 33948		CITY-ST-ZIP		
TITLE	<input type="checkbox"/> Delete		TITLE	VICE PRESIDENT <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME			NAME	HENRY CUSICK	
STREET ADDRESS			STREET ADDRESS	19300 WATER OAK DR 106	
CITY-ST-ZIP			CITY-ST-ZIP	PORT CHARLOTTE FL 33948	
TITLE	<input type="checkbox"/> Delete		TITLE	DIRECTOR <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME			NAME	WALTER FELGNER	
STREET ADDRESS			STREET ADDRESS	19315 WATER OAK DR 101	
CITY-ST-ZIP			CITY-ST-ZIP	PORT CHARLOTTE FL 33948	
TITLE	<input type="checkbox"/> Delete		TITLE	DIRECTOR <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME			NAME	VIRGINIA TERLLO	
STREET ADDRESS			STREET ADDRESS	1091 LIVE OAK CIRCLE 213	
CITY-ST-ZIP			CITY-ST-ZIP	PORT CHARLOTTE FL 33948	
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 another like empowered.					
SIGNATURE: <i>Valerie Stark</i>			3/13/06 941 623 0298		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					

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