2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED Jan 31, 2007 8:00 am Secretary of State

01-31-2007 90044 025 ****61.25

| ANNOAL REPORT | |
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| DOCUMENT # N0000001840 1. Entity Name | |
| WATÉR'S EDGE AT HERITAGE OAK PARK ASSOCIATION, INC. | |

WATER ASSOCI Principal Place of Business 40007405 Mailing Address 19315 WATER OAK DR. 19315 WATER OAK DR. PORT CHARLOTTE, FL 33948 PORT CHARLOTTE, FL 33948 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 01142007 Chg-NP CR2E037 (12/06) City & State City & State 4. FEI Numbe Applied For 65-0995788 Not Applicable Žio Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name STARK, VALERIE 19310 WATER OAK DR. #202 Street Address (P.O. Box Number is Not Acceptable) PORT CHARLOTTE, FL 33948 City Zip Code FL. 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 (NOTE: Registered Agent signature required when reinstating) DATE Filling Fee is \$61.25 9. Election Campaign Financing Make check payable to \$5.00 May Be Trust Fund Contribution Florida Department of State Due by May 1, 2007 Added to Fees 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 11. ST TITLE ☐ Defete TITLE Change ☐ Addition STARK, VALERIE NAME 19310 WATER OAK DR. #202 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP PORT CHARLOTTE, FL 33948 CITY-ST-ZIP TITLE ☐ Delete Change ☐ Addition NAME FREDERICKS, ROBERT FREIDERICK, ROBERT NAME 105 19305 WATER CALL PR STREET ADDRESS 19305 WATER OAK DR STREET ADDRESS CITY-ST-ZIP PORT CHARLOTTE, FL 33948 CITY-ST-ZIP PORT CHARLOTTE FL 33945 TITLE VP ☐ Delete TITLE ☐ Change ☐ Addition CUSICK, HENRY NAME NAME 19300 WATER OAK DR., 106 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP PORT CHARLOTTE, FL 33948 CITY-ST-ZIP TIDE TITLE Delete ☐ Change ☐ Addition FELGNER, WALTER NAME STREET ADDRESS 19315 WATER OAK DR., 101 STREET ADDRESS CITY-ST-ZIP PORT CHARLOTTE, FL 33948 CITY-ST-7IP TITLE ☐ Delete TITLE XX Change Addition TERICO, VIRGINIA 1041 LIVE DAK CIRCLE 213 TERLLO, VIRGINIA NAME NAME STREET ADDRESS 1091 LIVE OAK CIRCLE, 213 STREET ADDRESS CITY-SJ-7/P PORT CHARLOTTE, FL 33948 CITY-ST-ZIP *ચચઉપજ્ર* PORT CHARLOTE FL TITLE ☐ Delete TIFLE Addition ☐ Change NAME NAME MARINE CUMMINGS 19315 WATER OAK DR 103 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP PL 33948 PORT CHARLOTTE

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:

GRATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/27/2001

941 623 0298

Daytime Phone #