2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N0000001840

FILED Mar 07, 2009 Secretary of State

Entity Name: WATER'S EDGE AT HERITAGE OAK PARK ASSOCIATION, INC.

Current Principal Place of Business: New Principal Place of Business: 19315 WATER OAK DR. PORT CHARLOTTE, FL 33948 **Current Mailing Address: New Mailing Address:** 19315 WATER OAK DR. PORT CHARLOTTE, FL 33948 FEI Number: 65-0995788 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: STARK, VALERIE 19310 WATER OAK DR. #202 PORT CHARLOTTE, FL 33948 US 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:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: (X) Change () Addition () Delete STARK, VALERIE FREDERICK, ROBERT Name: Name: 19310 WATER OAK DR. #202 Address: 19305 WATER OAK DR. #105 Address: City-St-Zip: PORT CHARLOTTE, FL 33948 City-St-Zip: PORT CHARLOTTE, FL 33948 Title: () Delete Title: () Change () Addition CUSICK, HENRY Name: Name: Address: 19300 WATER OAK DR., 106 Address: City-St-Zip: PORT CHARLOTTE, FL 33948 City-St-Zip: Title: () Delete Title: (X) Change () Addition CUMMINGS, MARIE BAGOSY, FLORENCE Name: Name: 19315 WATER OAK DR., 103 19310 WATER OAK DR., 104 Address: Address: City-St-Zip: PORT CHARLOTTE, FL 33948 City-St-Zip: PORT CHARLOTTE, FL 33948 (X) Change () Addition Title: () Delete Title: Name: TERICO, VIRGINIA Name: GIORDANO, ANTHONY 1091 LIVE OAK CIRCLE, 213 Address: Address: 19310 WATER OAK DR 101 City-St-Zip: PORT CHARLOTTE, FL 33948 City-St-Zip: PORT CHARLOTTE, FL 33948 Title: () Delete Title: () Change () Addition MCCARTHY, DONALD Name: Name: 19315 WATER OAK DR 201 Address: Address: City-St-Zip: PORT CHARLOTTE, FL 33948 City-St-Zip:

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: VALERIE STARK RA 03/07/2009