2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 05, 2009
Secretary of State

DOCUMENT# N00000005235

Entity Name: OWNERS ASSOCIATION OF WATERS EDGE, INC.

Current Principal Place of Business:

230 BEACH LANE
CRYSTAL RIVER, FL 34429

New Principal Place of Business:

Current Mailing Address:

230 BEACH LANE
CRYSTAL RIVER, FL 34429

New Mailing Address:

FEI Number: 59-3681791 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

WEBB, KENNETH A
230 BEACH LANE
CRYSTAL RIVER, FL 34429 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: WEBB, KENNETH A
Address: 230 BEACH LANE
City-St-Zip: CRYSTAL RIVER, FL 34429

Title: VD ( ) Delete
Name: WATERS, ROBERT D
Address: 234 BEACH LANE
City-St-Zip: CRYSTAL RIVER, FL 34429

Title: ST ( ) Delete
Name: WEBB, SARA F
Address: 230 BEACH LANE
City-St-Zip: CRYSTAL RIVER, FL 34429

Title: D ( ) Delete
Name: WATERS, ROBERT T
Address: 5525 SW 91 TERRACE
City-St-Zip: GAINESVILLE, FL 32608

Title: D ( ) Delete
Name: WEBB, CHARLES M JR
Address: P.O. BOX 820
City-St-Zip: WILLISTON, FL 32696

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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

Title: ( ) Change ( ) Addition
Name:
Address:
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: SARA F WEBB ST 01/05/2009
Electronic Signature of Signing Officer or Director — Date