

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**

**Jan 09, 2006 08:00 AM**  
**Secretary of State**

**DOCUMENT # N01000003363**

1. Entity Name

**WATER'S EDGE VILLAS AT HERITAGE OAK PARK  
ASSOCIATION, INC.**



Principal Place of Business

**1063 LIVE OAK CIRCLE  
PORT CHARLOTTE, FL 33948**

Mailing Address

**1063 LIVE OAK CIRCLE  
PORT CHARLOTTE, FL 33948**



01052006 No Chg-NP

CR2E037 (11/05)

4. FEI Number

**65-1119287**

Applied For

Not Applicable

5. Certificate of Status Desired



**\$8.75** Additional  
Fee Required

**DO NOT WRITE IN THIS SPACE**

6. Name and Address of Current Registered Agent

**JORDAN, ALBERT  
1053 LIVE OAK CIRCLE  
PORT CHARLOTTE, FL 33948**

**DO NOT WRITE  
IN THIS SPACE**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25  
Due by May 1, 2006**

9. Election Campaign Financing  
Trust Fund Contribution.



**\$5.00** May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	VP
NAME	JORDAN, ALBERT
STREET ADDRESS	1053 LIVE OAK CIRCLE
CITY-ST-ZIP	PORT CHARLOTTE, FL 33948
TITLE	P
NAME	NEILL, CECIL
STREET ADDRESS	1063 LIVE OAK CIRCLE
CITY-ST-ZIP	PORT CHARLOTTE, FL 33948
TITLE	S
NAME	TOPPING, SHARON
STREET ADDRESS	1033 LIVE OAK CIRCLE
CITY-ST-ZIP	PORT CHARLOTTE, FL 33948
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

U00000380409  
01/11/06-80012-013 61.25

**DO NOT WRITE  
IN THIS SPACE**

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:**

*Cecil H. Neill*

*CECIL H. NEILL*

*1/5/06*

*941-625-4894*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #