2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 11, 2009
Secretary of State

DOCUMENT# N01000003363

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

Current Principal Place of Business:

1063 LIVE OAK CIRCLE
PORT CHARLOTTE, FL 33948

New Principal Place of Business:

Current Mailing Address:

1063 LIVE OAK CIRCLE
PORT CHARLOTTE, FL 33948

New Mailing Address:

FEI Number: 65-1119287 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

JORDAN, ALBERT
1053 LIVE OAK CIRCLE
PORT CHARLOTTE, FL 33948 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: VP ( ) Delete
Name: JORDAN, ALBERT
Address: 1053 LIVE OAK CIRCLE
City-St-Zip: PORT CHARLOTTE, FL 33948

Title: TO ( ) Delete
Name: NEILL, CECIL
Address: 1063 LIVE OAK CIRCLE
City-St-Zip: PORT CHARLOTTE, FL 33948

Title: P ( ) Delete
Name: SAUR, PAUL
Address: 1061 LIVE OAK CIRCLE
City-St-Zip: PORT CHARLOTTE, FL 33948

Title: S ( ) Delete
Name: DANNER, PAMELA
Address: 1071 LIVE OAK CIRCLE
City-St-Zip: PORT CHARLOTTE, FL 33948

Title: TD ( ) Delete
Name: WEICHSELBAUM, HELGA
Address: 1011 LIVE OAK CIRCLE
City-St-Zip: PORT CHARLOTTE, FL 33948

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: HELGA WEICHSELBAUM TD 01/11/2009
Electronic Signature of Signing Officer or Director — Date