

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000000900

FILED
Jan 10, 2009
Secretary of State

Entity Name: WATERS EDGE PHASE II HOMEOWNERS ASSOCIATION OF VERO BEACH, INC.

Current Principal Place of Business:

152 37TH DRIVE SWSW
VERO BEACH, FL 32968

New Principal Place of Business:

3631 2ND PLACE SW
VERO BEACH, FL 32968

Current Mailing Address:

P.O. BOX 690995
VERO BEACH, FL 32969

New Mailing Address:

FEI Number: 01-0598099

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

WATERS EDGE PHASE II HOA
152 37TH DRIVE SW
VERO BEACH, FL 32968 US

Name and Address of New Registered Agent:

WATERS EDGE PHASE II HOA
3631 2ND PLACE SW
VERO BEACH, FL 32968 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:

01/10/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: DP () Delete
Name: NIGHTINGALE, TIM
Address: 152 37TH DRIVE SW
City-St-Zip: VERO BEACH, FL 32968

Title: DV () Delete
Name: RICH, HOWARD
Address: 240 36TH CT SW
City-St-Zip: VERO BEACH, FL 32968

Title: DTS () Delete
Name: HANDLER, PATTY
Address: 3631 2ND PLACE SW
City-St-Zip: VERO BEACH, FL 32968

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

Title: DTS (X) Change () Addition
Name: HANDLER, PATRICIA
Address: 3631 2ND PLACE SW
City-St-Zip: VERO BEACH, FL 32968

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: PATRICIA HANDLER

DTS

01/10/2009

Electronic Signature of Signing Officer or Director

Date