2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 16, 2004
Secretary of State

DOCUMENT# N02000001638

Entity Name: WATER'S EDGE SUBDIVISION HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business:

7581 CAPE SAN BLAS RD
PORT ST JOE, FL 32456

New Principal Place of Business:

Current Mailing Address:

7581 CAPE SAN BLAS RD
PORT ST JOE, FL 32456

New Mailing Address:

FEI Number: 73-1658532 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

PIEGIOVANNI, DALE
7581 CAPE SAN BLAS RD
PORT ST JOE, FL 32456 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: DP ( ) Delete
Name: PIERGIOVANNI, DALE
Address: 7581 CAPE SAN BLAS RD
City-St-Zip: PORT ST JOE, FL 32456

Title: DV ( ) Delete
Name: PIERGIOVANNI, DEAN C
Address: 7583 CAPE SAN BLAS RD
City-St-Zip: PORT ST JOE, FL 32456

Title: ST ( ) Delete
Name: TAYLOR, LIBIA
Address: 1401 CONSTITUTION DR
City-St-Zip: PORT ST LUCIE, FL 32456

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:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: DALE PIERGIOVANNI DP 07/16/2004

Electronic Signature of Signing Officer or Director — Date