


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 02, 2006 8:00 am
Secretary of State

08-02-2006 90002 015 ****61.25

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



Principal Place of Business
 7581 CAPE SAN BLAS RD
 PORT ST JOE, FL 32456

Mailing Address
 7581 CAPE SAN BLAS RD
 PORT ST JOE, FL 32456

50023886



2. Principal Place of Business
 Suite, Apt. #, etc.

3. Mailing Address
 3403 White Oak Drive
 Suite, Apt. #, etc.

07132006 Chg-NP CR2E037 (4/06)

City & State
 Richardson, TX

4. FEI Number
 73-1658532

Applied For
 Not Applicable

City & State
 Richardson, TX

Zip
 75082

Country

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

PIEGIOVANNI, DALE
 7581 CAPE SAN BLAS RD
 PORT ST JOE, FL 32456

7. Name and Address of New Registered Agent

Name
 Street Address (P.O. Box Number is Not Acceptable)
 City
FL Zip Code

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is \$61.25
Due by September 6, 2006

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

DP
 PIERGIOVANNI, DALE
 7581 CAPE SAN BLAS RD
 PORT ST JOE, FL 32456 Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

Change Addition

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

DV
 PIERGIOVANNI, DEAN C
 7583 CAPE SAN BLAS RD
 PORT ST JOE, FL 32456 Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

Change Addition

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

ST
 TAYLOR, LIBIA
 1401 CONSTITUTION DR
 PORT ST LUCIE, FL 32456 Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

Change Addition

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

D
 Clement J. Piergiiovanni
 227 Water's Edge Drive
 Port St. Joe, FL 32456 Change Addition

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

D
 Hershell L. Kendrick
 P.O. Box 695
 Selma, AL 36702-0695 Change Addition

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

D/S/T
 Susan K. Epp
 3060 Horseshoe Plantation Road
 Tallahassee, FL 32312 Change Addition

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: Clement J. Piergiiovanni **7-29-06** **850-229-5424**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #