

# 2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000001638

**FILED**  
**Apr 06, 2011**  
**Secretary of State**

**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  
Name: PIERGIOVANNI, DALE  
Address: 7581 CAPE SAN BLAS RD  
City-St-Zip: PORT ST JOE, FL 32456

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

Title: D  
Name: PIERGIOVANNI, CLEMENT J  
Address: 227 WATERS EDGE DRIVE  
City-St-Zip: PORT SAINT JOE, FL 32456

Title: D  
Name: KENDRICK, HERSHELL L  
Address: PO BOX 695  
City-St-Zip: SELMA, AL 36702

Title: DST  
Name: EPP, SUSAN K  
Address: 3060 HORSESHOE PLANTATION RD.  
City-St-Zip: TALLAHASSEE, FL 32312

I hereby 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 all other like empowered.

SIGNATURE: CLEMENT J. PIERGIOVANNI

D

04/06/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date