

2006 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT**FILED**
Aug 28, 2006
Secretary of State

DOCUMENT# N02000001777

Entity Name: THE WATERS EDGE HOMEOWNERS ASSOCIATION I, INC.**Current Principal Place of Business:**PO BOX 3703
TEQUESTA, FL 33469**New Principal Place of Business:****Current Mailing Address:**PO BOX 3703
TEQUESTA, FL 33469**New Mailing Address:****FEI Number:** 22-3845128**FEI Number Applied For ()****FEI Number Not Applicable ()****Certificate of Status Desired ()****Name and Address of Current Registered Agent:**GASPARI, NORMA
10821 SE ARIELLE TERRACE
TEQUESTA, FL 33469 US**Name and Address of New Registered Agent:**PARISELETI, CHRIS
10862 SE ARIELLE TERRACE
TEQUESTA, FL 33469 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: CHRIS PARISELETI

08/28/2006

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: GASPARI, NORMA
Address: 10821 SE ARIELLE TERRACE
City-St-Zip: TEQUESTA, FL 33469

Title: P () Delete
Name: GASPARI, JOHN E
Address: 10821 SE ARIELLE TERRACE
City-St-Zip: TEQUESTA, FL 33469

Title: D () Delete
Name: WHITE, CHARLES
Address: 10822 SE ARIELLE TERRACE
City-St-Zip: TEQUESTA, FL 33469

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: PARISELETI, CHRIS
Address: 10862 SE ARIELLE TERRACE
City-St-Zip: TEQUESTA, FL 33469

Title: P (X) Change () Addition
Name: FLOYD, TOM
Address: 10802 SE ARIELLE TERRACE
City-St-Zip: TEQUESTA, FL 33469

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

Title: S () Change (X) Addition
Name: JACOBSON, SUSAN
Address: PO BOX 4088
City-St-Zip: TEQUESTA, FL 33469

I hereby certify that the information supplied with this filing does not qualify for the 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: CHRIS PARISELETI

D

08/28/2006

Electronic Signature of Signing Officer or Director

Date