

# 2007 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT# N02000001777

**FILED**  
**Oct 07, 2007**  
**Secretary of State**

**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:**

10802 SE ARIELLE TERRACE  
TEQUESTA, FL 33469

**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 ( )**  
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

**Name and Address of Current Registered Agent:**

**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

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

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

Title: P ( ) Delete  
Name: FLOYD, TOM  
Address: 10802 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: S ( ) Delete  
Name: JACOBSON, SUSAN  
Address: PO BOX 4088  
City-St-Zip: TEQUESTA, FL 33469

**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:

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

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: TOM FLOYD

PRES

10/07/2007

Electronic Signature of Signing Officer or Director

Date