

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 21, 2008 8:00 am
Secretary of State

04-21-2008 90105 037 ****61.25

DOCUMENT # N02000001777

1. Entity Name
**THE WATERS EDGE HOMEOWNERS ASSOCIATION I,
INC.**



Principal Place of Business
**10802 SE ARIELLE TERRACE
TEQUESTA, FL 33469**

Mailing Address
**PO BOX 3703
TEQUESTA, FL 33469**

40076164



2. Principal Place of Business - No P.O. Box #

10821 SE Arielle Terrace

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

03092008 Chg-NP CR2E037 (12/06)

City & State
Tequesta FL

City & State

4. FEI Number
22-3845128

Applied For
Not Applicable

Zip
33469

Country
Martin

Zip

Country

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

6. Name and Address of Current Registered Agent

**PARISELETI, CHRIS
10862 SE ARIELLE TERRACE
TEQUESTA, FL 33469**

7. Name and Address of New Registered Agent

Name **Susan Jacobson**

Street Address (P.O. Box Number is Not Acceptable)

10861 S.E. Arielle Terrace

City **Tequesta**

FL

Zip Code
33469

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2008**

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

TITLE **D** ☒ Delete
NAME **PARISELETI, CHRIS**
STREET ADDRESS **10862 SE ARIELLE TERRACE**
CITY-ST-ZIP **TEQUESTA, FL 33469**

TITLE **P** ☒ Delete
NAME **FLOYD, TOM**
STREET ADDRESS **10802 SE ARIELLE TERRACE**
CITY-ST-ZIP **TEQUESTA, FL 33469**

TITLE **D** ☐ Delete
NAME **WHITE, CHARLES**
STREET ADDRESS **10822 SE ARIELLE TERRACE**
CITY-ST-ZIP **TEQUESTA, FL 33469**

TITLE **S** ☐ Delete
NAME **JACOBSON, SUSAN**
STREET ADDRESS **PO BOX 4088**
CITY-ST-ZIP **TEQUESTA, FL 33469**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **P** ☐ Change ☒ Addit
NAME **Philip Seibold**
STREET ADDRESS **10841 SE Arielle Terrace**
CITY-ST-ZIP **Tequesta FL 33469**

TITLE **T** ☐ Change ☒ Addit
NAME **Norma Gaspari**
STREET ADDRESS **10821 SE Arielle Terrace**
CITY-ST-ZIP **Tequesta FL 33469**

TITLE **S** ☒ Change ☐ Addit
NAME **Susan Jacobson**
STREET ADDRESS **10861 SE Arielle Terrace**
CITY-ST-ZIP **Tequesta FL 33469**

TITLE ☐ Change ☐ Addit
NAME
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CITY-ST-ZIP

TITLE ☐ Change ☐ Addit
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TITLE ☐ Change ☐ Addit
NAME
STREET ADDRESS
CITY-ST-ZIP

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

Susan Jacobson 4/15/08