

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000001777

FILED  
Apr 17, 2009  
Secretary of State

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

**Current Principal Place of Business:**

10821 SE ARIELLA TERRACE  
JUPITER, FL 33469

**New Principal Place of Business:**

10821 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 ( )**

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

JACOBSON, SUSAN  
10861 SE ARIELLE TERRACE  
JUPITER, FL 33469 US

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

JACOBSON, SUSAN  
10861 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:

04/17/2009

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: P ( ) Delete  
Name: SEIBOLD, PHILIP  
Address: 10841 SE ARIELLE TERRACE  
City-St-Zip: TEQUESTA, FL 33469

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

Title: S ( ) Delete  
Name: JACOBSON, SUSAN  
Address: 10861 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: T (X) Change ( ) Addition  
Name: GASPARI, NORMA  
Address: 10821 SE ARIELLE TERRACE  
City-St-Zip: TEQUESTA, FL 33469

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: SUSAN JACOBSON

S

04/17/2009

Electronic Signature of Signing Officer or Director

Date