# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**
**Apr 25, 2009**
**Secretary of State**

DOCUMENT# N02000006552

**Entity Name:** WATERS EDGE CONDOMINIUM OWNERS ASSOCIATION, INC.

**Current Principal Place of Business:**

590 SANTA ROSA BLVD
FORT WALTON BEACH, FL 32548 US

**New Principal Place of Business:**

**Current Mailing Address:**

215 GRAND BLVD
SUITE 200
MIRAMAR BEACH, FL 32550 US

**New Mailing Address:**

**FEI Number: 16-1628150** **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

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

GORMLEY, TERRY P
215 GRAND BLVD
SUITE 200
MIRAMAR BEACH, FL 32550 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 | ( ) Delete |
| Name: | CHEHARDY, LAWRENCE P | |
| Address: | 183 SUAVE RD. | |
| City-St-Zip: | RIVER RIDGE, LA 70123 US | |
| Title: | DS | ( ) Delete |
| Name: | WEST, MARY | |
| Address: | 2052 VALIANT DR NE | |
| City-St-Zip: | ATLANTA, GA 30345 US | |
| Title: | DV | ( ) Delete |
| Name: | HENSLEY, BOB | |
| Address: | 4391 OLD BAYOU TRAIL | |
| City-St-Zip: | DESTIN, FL 32541 US | |
| Title: | DT | ( ) Delete |
| Name: | MILLER, DAVID M | |
| Address: | 590 SANTA ROSA BLVD #602 | |
| City-St-Zip: | FORT WALTON BEACH, FL 32548 US | |
| Title: | D | ( ) Delete |
| Name: | WEGNER, KLAUS | |
| Address: | 590 SANTA ROSA BLVD #616 | |
| City-St-Zip: | FORT WALTON BEACH, FL 32548 US | |
| Title: | D | ( ) Delete |
| Name: | SAKIS, ACHILLES | |
| Address: | 410 11TH ST | |
| City-St-Zip: | EDWARDS, CA 93523 US | |

**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: | |
| 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: MARY WEST S 04/25/2009

Electronic Signature of Signing Officer or Director — Date