



**2007 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 08, 2007 08:00 A
Secretary of State

DOCUMENT # N03000000566		
1. Entity Name THE WATERS EDGE PROPERTY OWNERS ASSOCIATION PHASE TWO, INC.		
Principal Place of Business 9 NORTH EAST 2ND STREET DELRAY BEACH, FL 33444		Mailing Address 9 NORTH EAST 2ND STREET DELRAY BEACH, FL 33444
DO NOT WRITE IN THIS SPACE		
		
		02052007 No Chg-NP CR2E037 (4/06)
		4. FEI Number 20-1347887
		Applied For Not Applicable
		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
6. Name and Address of Current Registered Agent		
BRANNING, WILLIAM C 9 NE 2ND STREET DELRAY BEACH, FL 33444		DO NOT WRITE IN THIS SPACE
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____		
Filing Fee is \$61.25 Due by May 1, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
		000000762510 05/29/07-80013-002 61.25
10. OFFICERS AND DIRECTORS		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P BRANNING, WILLIAM C 9 NE 2ND STREET DELRAY BEACH, FL 33444	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP DISTADIO, GIOVANNI 10186 SE DANIEL TERRACE TEQUESTA, FL 33460	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TR BRUGLIERA, JOSEPH 10127 SE DANIEL TERRACE TEQUESTA, FL 33460	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S NELSON, CHRISTIAN 10103 SE DANIEL TERRACE TEQUESTA, FL 33460	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE 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: <u>Joseph Bruglieri</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		4/30/07 561-746-5336 Date Daytime Phone #