

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 12, 2006 8:00 am**  
**Secretary of State**

04-12-2006 90073 002 \*\*\*\*61.25

40040000




03272006 Chg-NP CR2E037 (11/05)

<b>DOCUMENT # N03000005226</b> 1. Entity Name <b>WATER'S EDGE COOPERATIVE, INC.</b>					
Principal Place of Business <b>6800 GOLF COURSE BOULEVARD PUNTA GORDA, FL 33982</b>			Mailing Address <b>6800 GOLF COURSE BOULEVARD PUNTA GORDA, FL 33982</b>		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number <b>73-1672946</b>	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent  <b>WOTITZKY, EDWARD L 109 TAYLOR STREET, SUITE 112 PUNTA GORDA, FL 33950</b>			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <span style="float: right;"><b>FL</b></span> Zip Code		
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>Filing Fee Is \$61.25 Due by May 1, 2006</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		<b>Make check payable to Florida Department of State</b>	
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DUNN, ROBERT <input checked="" type="checkbox"/> Delete 0-10162 20TH AVE. N.W. GRAND RAPIDS, MI		TITLE NAME STREET ADDRESS CITY-ST-ZIP	OT <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Grateck, Joseph Po Box 875 Northport MI 49670	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DST <input checked="" type="checkbox"/> Delete NEWELL, MARCIA 4217 11 ST PO 1319 PEPPERELL, MA 01463		TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Helson, Dean 6493 Saw Bridge CT Grand Blanc MI 48439	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input checked="" type="checkbox"/> Delete BOYES, RICHARD 6800 GOLF COURSE BLVD. PUNTA GORDA, FL 33982		TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVP <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Cordts, Richard 365 Jamisonville Rd Butler PA 16001	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP <input checked="" type="checkbox"/> Delete SHOTWELL, LORNE 69 CYPRESS WAY VILLAGE NIAGARA FALLS, NY 14304		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Stanford, Doran 6517 Yacht Club Rd Flowers Branch GA 30542	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input checked="" type="checkbox"/> Delete MACDONALD, JOHN 459 74TH STREET NIAGARA FALLS, NY		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Cadiero, Robert 2 Pepin DR Bow NH 03304	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVP <input type="checkbox"/> Delete BRUNNEN, CHRISTINE 7537 RUSTIC LANE EAGLE RIVER, WI 54521		TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Brunner, Christine Same	
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.					
<b>SIGNATURE:</b> <i>C. Brunner</i> <b>Secretary</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			4-10-06 941-637-4677 <small>Date Daytime Phone #</small>		

## ATTACHMENT

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ANNUAL REPORT

Additional  
OFFICER'S  
Form Only  
40046692

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City & State  Zip			City & State  Zip		
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SIGNATURE _____ (NOTE: Registered Agent signature required when reappointing) <small>Signature, typed or printed name of registered agent and title if applicable.</small>					
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Make check payable to <b>Florida Department of State</b>					
<b>10. OFFICERS AND DIRECTORS</b>					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DUNN, ROBERT 0-10162 20TH AVE. N.W. GRAND RAPIDS, MI	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Murphy, Phil 4 Whitehart Blvd Dansville NY 14437	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DST NEWELL, MARCIA 4217 11 ST PO 1319 PERPERELL, MA 01463	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BOYES, RICHARD 6800 GOLF COURSE BLVD. PUNTA GORDA, FL 33962	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP SHOTWELL, LORNE 69 CYPRESS WAY VILLAGE NIAGARA FALLS, NY 14304	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MACDONALD, JOHN 458 74TH STREET NIAGARA FALLS, NY	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVP BRUNNEN, CHRISTINE 7537 RUSTIC LANE EAGLE RIVER, WI 54521	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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<b>SIGNATURE:</b> _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					
<small>Date</small>					
<small>Daytime Phone #</small>					