
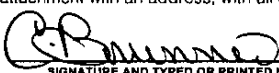
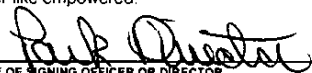


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 19, 2007 8:00 am
Secretary of State

02-19-2007 90047 005 ****61.25

DOCUMENT # N03000005226 1. Entity Name WATER'S EDGE COOPERATIVE, INC.					
Principal Place of Business 6800 GOLF COURSE BOULEVARD PUNTA GORDA, FL 33982			Mailing Address 6800 GOLF COURSE BOULEVARD PUNTA GORDA, FL 33982		
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State Zip Country		City & State Zip Country		4. FEI Number 73-1672946	
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 WOTITZKY, EDWARD L 109 TAYLOR STREET, SUITE 112 PUNTA GORDA, FL 33950				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 18501 Murdock # 501 Pt. Charlotte City FL Zip Code 33948	
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>					
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		Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DT GRAJACK, JOSEPH P.O. BOX 875 NORTHPORT, MI 49670	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DP HELSOM, DEAN 6493 SAW BRIDGE CT GRAND BLANC, MI 48439	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DVP CORDTS, RICHARD 365 JAMISONVILLE ROAD BUTLER, PA 16001	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D STANFORD, DORAN 6517 YACT CLUB RD FLOWERY BRANCH, GA 30542	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D CADIERO, ROBERT 2 PEPIN DR BOW, NH 03304	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DS BRUNNER, CHRISTINE 7537 RUSTIC LANE EAGLE RIVER, WI 54521	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D NAME STREET ADDRESS CITY - ST - ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D NAME STREET ADDRESS CITY - ST - ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
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: 				2-12-07 941-637-4677	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date</small>		<small>Daytime Phone #</small>	


40019846



02122007 Chg-NP CR2E037 (12/06)

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

40019846
Additional
OFFICER'S
Form Only
ATTACHMENT

DOCUMENT # N03000005226 1. Entity Name WATER'S EDGE COOPERATIVE, INC.					
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Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		Country		4. FEI Number 73-1672946	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For Not Applicable	
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Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT GRAJACK, JOSEPH P.O. BOX 875 NORTHPORT, MI 49670	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Murphy, Phil 4 Whitehart Blvd Dansville NY 14437
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP HELSOM, DEAN 6493 SAW BRIDGE CT GRAND BLANC, MI 48439	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVP CORDTS, RICHARD 365 JAMISONVILLE ROAD BUTLER, PA 16001	<input 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 STANFORD, DORAN 6517 YACHT CLUB RD FLOWERY BRANCH, GA 30542	<input 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 CADIERO, ROBERT 2 PEPIN DR BOW, NH 03304	<input 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	DS BRUNNER, 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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SIGNATURE: _____					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					
Date					
Daytime Phone #					