2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED Feb 19, 2007 8:00 am

DOCUMENT # N0300005226 1. Entity Name WATER'S EDGE COOPERATIVE, INC.					Secretary of State 02-19-2007 90047 005 ****61.25				
6800 GOLF COURSE BOULEVARD 6800			ailing Address 800 GOLF COURSE BOULEVARD UNTA GORDA, FL 33982						
Principal Place of Business - No P.O. Box # 3. No P.		3. Mailing Address	i. Mailing Address						
Suite, Api. #, etc.		Suite, Apt. #, etc.		-	02122007 Ch	ng-NP	CR2E0	37 (12/06)	
City & State		City & State			4. FEI Number 73-167294	6		 	plied For t Applicable
Zip	Country	Zip	Country		5. Certificate of St	atus Desired	, 🗆	\$8.75 Add Fee Required	
6. Name and Address of Current Registered Agent					7. Name and Add	ress of New	Rogistered .	Agent	
109 TAYLO	Y, EDWARD L DR STREET, SUITE 112 DRDA, FL 33950		1182	<u> </u>	P.O. Box Number is Not Acceptable) Murclor K # 501 Arlotte FL Zip Code				
the obligat	Signature, typed or printed name of registered agent a	9. Election Camp Trust Fund Co		ire required	\$5.00 May Be		DATE Make check		
10.	Due by May 1, 2007 OFFICERS AND DIF		11.		Added to Fees		Orida Depar		
THE HAME THE LADDRESS ON STORE	DT GRAJACK, JOSEPH P.O. BOX 875 NORTHPORT, MI 49670	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		ODITIONS/CHANG	<u> </u>	DENS AND DI	Change	Addition
NAME STREET ADDRESS CITY-ST-ZIP	DP HELSOM, DEAN 6493 SAW BRIDGE CT GRAND BLANC, MI 48439	€ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D				Change	☐ Addition
TITLE	DVP								
NAME STREET ADDRESS CITY-ST-ZIP	CORDTS, RICHARD 365 JAMISONVILLE ROAD BUTLER, PA 16001	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP					☐ Change	Addition
STREET ADDRESS	CORDTS, RICHARD 365 JAMISONVILLE ROAD	☐ Delete	NAME STREET ADDRESS	Ρ				☐ Change	Addition
STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	CORDTS, RICHARD 365 JAMISONVILLE ROAD BUTLER, PA 16001 D STANFORD, DORAN 6517 YACT CLUB RD		NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	P S					

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.

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

400/9846
ADDITIONAL
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OFFICER'S
ONLY
FORM
ATTACHMENT DOCUMENT#N03000005226 1. Entity Name WATER'S EDGE COOPERATIVE, INC. Principal Place of Business Mailing Address 6800 GOLF COURSE BOULEVARD 6800 GOLF COURSE BOULEVARD PUNTA GORDA, FL 33982 PUNTA GORDA, FL 33982 2. Principal Place of Business - No PO Box # 3. Mailing Address Suite Apt # etc. Suite, Apt. #, etc. 02122007 CR2E037 (12/06) Chg-NP City & State 4. FEI Number Applied For City & State 73-1672946 Not Applicable Zip Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name WOTITZKY, EDWARD L 109 TAYLOR STREET, SUITE 112 Street Address (P.O. Box Number is Not Acceptable) PUNTA GORDA, FL 33950 City 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 (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable 9. Election Campaign Financing Make check payable to Filing Fee is \$61.25 \$5.00 May Be Trust Fund Contribution. Florida Department of State Due by May 1, 2007 Added to Fees ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 10. ☐ Change Addition Delete TITLE IIIN murphy Phil 4 Whitehart NAME GRAJACK, JOSEPH NAME STREET ADDRE P.O. BOX 875 STREET ADDRESS NORTHPORT, MI 49670 CITY-ST-ZIP 14437 CITY-ST-ZIP <u>Dans Ville</u> **Z** Delete ☐ Addition TITLE TITLE ☐ Change HELSOM, DEAN NAME NAME 6493 SAW BRIDGE CT STREET ADDRESS STREET ADDRESS GRAND BLANC, MI 48439 CITY-ST-ZIP CITY-ST-ZIP DVP ■ Addition TITLE ☐ Delete TETLE Change CORDTS, RICHARD NAME NAME 365 JAMISONVILLE ROAD STREET ADDRESS STREET ADDRESS BUTLER, PA (6001 CITY-ST-ZIP CITY-ST-ZIP ☐ Channe ☐ Addition TITLE ☐ Delete TITLE STANFORD, DORAN NAME NAME 6517 YACT CLUBAND STREET ADDRESS STREET ADDRESS FLOWERY BRANCH, GA 30542 CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition HILE Delete TITLE CADIERO, ROBERT NAME NAME 2 PERM DR STREET ADDRESS STREET ADDRESS BOW, NH 03304 CITY-ST-ZIP CITY ST-ZIP 8 ☐ Addition ☐ Delete TITLE ☐ Change 960 BRUNNER, CHRISTINE NAME NAME STREET ADDRESS STREET ADDRESS 7537 RUSTIC LANE EAGLE RIVER, WI 54521 CITY-ST-ZIP CITY-281-ZIP 12. I hereby certify that the information supplied with this kiling 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: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #