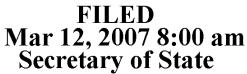
2007 NOT-FOR-PROFIT CORPORATION

ANNUAL REPORT



DOCUMENT # N03423 1. Entity Name SOUTH WATERFRONT PARK HOMEOWNERS' ASSOCIATION, INC.				03-12-2007 90096 039 ****61.25
Principal Place of Business P.O. BOX 234 EDGEWATER, FL 32132		Mailing Address P.O. BOX 234 EDGEWATER, FL 3213	2	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address		
Suite, Apt. #, etc.		Suite, Apt. #, etc.		03092007 Chg-NP CR2E037 (12/06)
City & State		City & State	,	4. FEI Number Applied For 59-2701170 Not Applicable
Zìp	Country	Zip	Country	5. Certificate of Status Desired
6. Name and Address of Current Registered Agent			Name	7. Name and Address of New Registered Agent
JONES, KENNETH 160 CHARLES STREET EDGEWATER, FL 32141			Street Addre	ess (P.O. Box Number is Not Acceptable)
			City	FL Zip Code
SIGNATURE .	Signature, typed or printed name of registered ager Filling Fee is \$61.25 Due by May 1, 2007		E: Registered Agent signature recompaign Financing Contribution.	\$5.00 May Be Added to Fees Make check payable to Florida Department of State
10.	OFFICERS AND D		11.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10
NAME STREET ADDRESS CITY-ST-ZIP	TERRY, MARGARET 164 LEWIS STREET EDGEWATER, FL 32141	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	ugust Alombro Badilion 7 Douglas Edgewater 71.32141
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	lan NeTAME 13 Douglas STEdgeWATE Y. 3214
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Ty hard Gelder Schange Addition 15 Lewis St. Lewis 314 T. D. Edgewater, 71. 3214
TITLE NAME STREET ADDRESS CITY-ST-ZIP		□ Delete	TITLE NAME STREET ADDRESS CITY-ST-2IP	☐ Change ☐ Addisio.
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		□ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addlifid

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: Clinabith (bett) Van Holden Signature on Director