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COVER LETTER

TO: Amendment Section Division of Corporations

. \$

SUBJECT: The Vi	llas of Water's Edge Co	ondominium Associa	tion,
	Name of C	orporation	
DOCUMENT NUMB	ER:N05	000005938	
The enclosed Statemen	t of Change of Registered Offic	e/Agent and fee are submitted	d for filing.
Please return all corresp	condence concerning this matter	r to the following:	
·	Nicole M. I	Frost, Esq.	
	Name of Co	ntact Person	
	Enack La	D 4	
	Frost La Firm/Co	aw, P.A.	
	run/CC	япрану	
	601 Cleveland S	Street, Suite 501	
	Add		
	Clearwater, FL City/State ar	_ 33755-4172 id Zip Code	
	nfrost@fro	estlaw.us	
E-n	nail address: (to be used for f	uture annual report notifica	ation)
For further information	concerning this matter, please of	call:	
Nicole	M. Frost, Esq. Contact Person	at (727)	210-1405
Name o	Contact Person	Area Code & Daytime	Telephone Number
Enclosed is a \$35.00 ch	eck made payable to the Depart	ment of State.	
	Mailing Address: Amendment Section	Street Address:	*
		Amendment Sect Division of Corp	
	Division of Corporations	Division of Corp	Oracions

Clifton Building

Tallahassee, FL 32301

2661 Executive Center Circle

P.O. Box 6327

Tallahassee, FL 32314

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

1. The name of the co	rporation: The Vi	llas of Wate	rd agent, or both, in the St r's Edge Condomi n. 400 Minnetonka, M	nium Association, Inc.
3. The mailing addres	s (if different):			
4. Date of incorporation	on/qualification:	6/8/2008	Document number:	AN05000005938
	t address of the curn of State: (If resigne		nt and registered office on	file with the
Jon	athan James Da	amonte, Charte	ered	
121	10 Seminole Biv	∕d.		
Larg	go, FL 33778			·····
(if changed):		registered agent (if changed) and /or registe	erred office TASEC
	St Law, P.A.	- A O - i A - 5 O 4		— 2 F
001	Cleveland Stree	P.O Box NOT ac	ceptable	- Fig. 3
Clea	arwater, FL 337	55-4172		For se
The street address of as changed will be ide	its registered office entical.	and the street ad	dress of the business offi	ce of its registered agen
			y its board of directors of led in writing of the chan	
Show K	othicer or director		=	with the Treasurer / Secret
=		tered agent and a ions of all statute accept the obliga a change in the r of this change.		ity. nd complete performance gistered agent. Or, if this I hereby confirm that the
WABA Q	Registered Agent		12/16/9 Date	
If signing on behalf o	fan entity:		• •	

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314
CR2E045 (8/05)

* * * FILING FEE: \$35.00 * * *