

**2008 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Feb 13, 2008 08:00 A**  
**Secretary of State**

**DOCUMENT # N05000011917**

1. Entity Name  
**WATERS EDGE HOMEOWNERS ASSOCIATION OF  
DUNN CREEK, INC.**



Principal Place of Business  
**6501 ARLINGTON EXPWY SUITE B-213  
JACKSONVILLE, FL 32211**

Mailing Address  
**PO BOX 551260  
JACKSONVILLE, FL 32255-1260**



02112008 No Chg-NP

CR2E037 (4/06)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**20-3893206**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

**6. Name and Address of Current Registered Agent**

**ANSBACHER & SCHNEIDER PA  
5150 BELFORD ROAD BUILDING 100  
JACKSONVILLE, FL 32256**

**DO NOT WRITE  
IN THIS SPACE**

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 \_\_\_\_\_

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE \_\_\_\_\_

**Filing Fee is \$61.25  
Due by May 1, 2008**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

**10. OFFICERS AND DIRECTORS**

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
**PD  
REGISTER, DOUGLAS B  
6501 ARLINGTON EXPWY SUITE B-213  
JACKSONVILLE, FL 32211**

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
**VSD  
REGISTER, JANINE  
6501 ARLINGTON EXPWY SUITE B-213  
JACKSONVILLE, FL 32211**

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
**TD  
TRAWICK, COY W SR  
6501 ARLINGTON EXPWY SUITE B-213  
JACKSONVILLE, FL 32211**

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

U000000826856  
02/21/08-80062-025 61.25

**DO NOT WRITE  
IN THIS SPACE**

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:**

*Janine Register*  
**Janine Register**

**2/11/2008**

Date

**904-725-9291**

Daytime Phone #