## 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N05447

FILED Feb 11, 2009 Secretary of State

Entity Name: WATER'S EDGE III OF CAPE CORAL CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:			New Principal Place of Business:		
1430 ACADEMY BLVD CAPE CORAL, FL 33990 US			9411 CYPRESS LAKE DRIVE STE 2		
o,	,			S, FL 33919	US
Current Mailing Address:			New Mailing Address:		
1430 ACADEMY BLVD			9411 CYPRESS LAKE DRIVE		
#19-104 CAPE CORAL, FL 33990 US			STE 2 FT. MYERS	S, FL 33919	US
FEI Number:	59-2601733	FEI Number Applied For ( ) FEI Number	mber Not Appl	icable ( )	Certificate of Status Desired ( )
Name and	Address of Cu	rrent Registered Agent:	Name and Address of New Registered Agent:		
9411 CYPR FORT MYE	RESS LAKE DR. RS, FL 33919 named entity su	O MANAGEMENT STE 2 US bmits this statement for the purpose of	9411 CYPF FORT MYE	RESS LAKE DI ERS, FL 33919	) US
SIGNATUR	RE: PAT SCHO	00	02/11/2009		
		Signature of Registered Agent	Date		
OFFICERS AND DIRECTORS:			ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:		
Title: Name: Address: City-St-Zip:	D () D BOGGS, ROY 1420 ACADEMY I CAPE CORAL, FL		Title: Name: Address: City-St-Zip:	( )	Change ( ) Addition
Title: Name: Address: City-St-Zip:	TD () C OGDON, KAY 616 SE 14TH TEF CAPE CORAL, FL		Title: Name: Address: City-St-Zip:	ST (X) OGDON, KAY 616 SE 14TH TI CAPE CORAL,	
Title: Name: Address: City-St-Zip:	SD () D ESPOSITO, JEAN 1430 ACADEMY I CAPE CORAL, FL	INE BLVD #A104	Title: Name: Address: City-St-Zip:	VP (X) VAN INWEGEN 1430 ACADEM <sup>N</sup> CAPE CORAL,	Y BLVD #A106
Title: Name: Address: City-St-Zip:	P () C FINE, PATTY 1430 ACADEMY I CAPE CORAL, FL	BLVD #A105	Title: Name: Address: City-St-Zip:	( )	Change ( ) Addition
Title: Name: Address: City-St-Zip:	VPD () C PRILLER, G. MIC 622 SE 14TH TEF CAPE CORAL, FL	RRACE #C103	Title: Name: Address: City-St-Zip:	PRILLER, G. M	ERRACE #C103

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: PAT SCHOO CAM 02/11/2009