2009 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

FILED
Feb 19, 2009
Secretary of State

DOCUMENT# N06000008325

Entity Name: WATERS EDGE OF DUNEDIN HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business:

31111 US HWY 19 NORTH
PALM HARBOR, FL 34684

New Principal Place of Business:

Current Mailing Address:

31111 US HWY 19 NORTH
PALM HARBOR, FL 34684

New Mailing Address:

FEI Number: **FEI Number Applied For (X)** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

WARD, R. CARLTON
1253 PARK ST
CLEARWATER, FL 33756 US

Name and Address of New Registered Agent:

FELDMAN, DONNA J
19321-C US HIGHWAY 19 NORTH
SUITE 103
CLEARWATER, FL 33764 US

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.

SIGNATURE: DONNA J. FELDMAN 02/19/2009
Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: PD ( ) Delete
Name: KRAUSER, PETER C
Address: 31111 US HWY 19 NORTH
City-St-Zip: PALM HARBOR, FL 34684

Title: D ( ) Delete
Name: DELANCEY, JOHN J
Address: 31111 US HWY 19 NORTH
City-St-Zip: PALM HARBOR, FL 34684

Title: VPD ( ) Delete
Name: SNYDER, E. JOHN JR
Address: 31111 US HWY 19 NORTH
City-St-Zip: PALM HARBOR, FL 34684

Title: T ( ) Delete
Name: DELANCEY, JOHN
Address: 31111 US HWY 19 NORTH
City-St-Zip: PALM HARBOR, FL 34684

Title: S ( ) Delete
Name: SPAULDING, RALPH L
Address: 31111 US HWY 19 NORTH
City-St-Zip: PALM HARBOR, FL 34684

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

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: PETER C KRAUSER PD 02/19/2009
Electronic Signature of Signing Officer or Director Date