2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 21, 2009
Secretary of State

DOCUMENT# N06000008433

Entity Name: WATERSEDGE AT HARBORTOWN HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business:

10036 SAWGRASS DR. WEST #1
PONTE VEDRA BEACH, FL 32082

New Principal Place of Business:

Current Mailing Address:

5455 A1A SOUTH
ST. AUGUSTINE, FL 32080

New Mailing Address:

FEI Number: 20-5701316 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

MARKS, ANNA M
C/O MAY MGMT. SERV, INC.
5455 A1A SOUTH
ST. AUGUSTINE, FL 32080 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: PD ( ) Delete
Name: GREENE, PAM
Address: 822 A1A NORTH, SUITE 208
City-St-Zip: PONTE VEDRA BEACH, FL 32082

Title: VPTD ( ) Delete
Name: MOORE, TAZHA
Address: 822 A1A NORTH, SUITE 208
City-St-Zip: PONTE VEDRA BEACH, FL 32082

Title: SD ( ) Delete
Name: BROOME, STEPHEN D
Address: 822 A1A NORTH, SUITE 208
City-St-Zip: PONTE VEDRA BEACH, FL 32082

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition
Name: FJELSTAD, SCOTT
Address: 5455 A1A S
City-St-Zip: ST AUGUSTINE, FL 32080

Title: VP (X) Change ( ) Addition
Name: DETLEFS, JAY
Address: 5455 A1A S
City-St-Zip: ST AUGUSTINE, FL 32080

Title: S (X) Change ( ) Addition
Name: HARTFORD, JOHN
Address: 5455 A1A S
City-St-Zip: ST AUGUSTINE, FL 32080

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: SCOTT FJELSTAD P 04/21/2009

Electronic Signature of Signing Officer or Director — Date