


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 02, 2008 8:00 am
Secretary of State

04-02-2008 90021 004 ****61.25

DOCUMENT # N06000010012		
1. Entity Name WATER'S EDGE OCEANFRONT CONDOMINIUM, INC.		
Principal Place of Business ASSOCIATION MGMT OF PONTE VEDRA, INC. 3103 SAWGRASS VILLAGE CIR. PONTE VEDRA BEACH, FL 32082	Mailing Address ASSOCIATION MGMT OF PONTE VEDRA, INC. 3103 SAWGRASS VILLAGE CIR. PONTE VEDRA BEACH, FL 32082	
2. Principal Place of Business - No P.O. Box #	3. Mailing Address	



Association Management
of Ponte Vedra
3108 Sawgrass Village Circle
Ponte Vedra Beach, FL 32082

Association Management
of Ponte Vedra
3108 Sawgrass Village Circle
Ponte Vedra Beach, FL 32082

02142008 Chg-NP CR2E037 (12/06)

4. FEI Number 20-5880363	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent ASSOCIATION MGMT OF PONTE VEDRA, INC. 3103 SAWGRASS VILLAGE CIR. PONTE VEDRA BEACH, FL 32082		7. Name and Address of New Registered Agent Name Street City Zip Code Association Management of Ponte Vedra 3108 Sawgrass Village Circle Ponte Vedra Beach, FL 32082	
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8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, and accepts the obligations of registered agent.

SIGNATURE C.P. Connolly C.P. Connolly 3-3-08
Signature, typed or printed name of registered agent and date 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

**Make check payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PDAS SCHEINER, WAYNE A 6 FAIRFIELD BLVD., SUITE 3 PONTE VEDRA BCH, FL 32082 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD BORDONI, RAY 6 FAIRFIELD BLVD., SUITE 3 PONTE VEDRA BCH, FL 32082 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD GARRIPEE, LESTER N 6 FAIRFIELD BLVD., SUITE 3 PONTE VEDRA BCH, FL 32082 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #