2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000010012

FILED Apr 15, 2009 Secretary of State

Entity Name: WATER'S EDGE OCEANFRONT CONDOMINIUM, INC.

Current Principal Place of Business: New Principal Place of Business:

ASSOCIATION MGMT OF PONTE VEDRA, INC. 3108 SAWGRASS VILLAGE CIR. PONTE VEDRA BEACH, FL 32082

New Mailing Address: Current Mailing Address:

ASSOCIATION MGMT OF PONTE VEDRA, INC. 3108 SAWGRASS VILLAGE CIR. PONTE VEDRA BEACH, FL 32082

FEI Number: 20-5880363 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

ASSOCIATION MGMT OF PONT VEDRA, INC. 3108 SAWGRASS VILLAGE CIR.

3108 SAWGRASS VILLAGE CIR. PONTE VEDRA BEACH, FL 32082 PONTE VEDRA BEACH, FL 32082 US 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.

CONNOLLY, CP

SIGNATURE: C P CONNOLLY 04/15/2009

> Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

PDAS () Delete (X) Change () Addition SCHEINER, WAYNE A SCHEINER, WAYNE A Name: Name: 6 FAIRFIELD BLVD., SUITE 3 Address: 6 FAIRFIELD BLVD., SUITE 3 Address: City-St-Zip: PONTE VEDRA BCH, FL 32082 City-St-Zip: PONTE VEDRA BCH, FL 32082

Title: VD () Delete Title: () Change () Addition

BORDONI, RAY Name: Name: Address: 6 FAIRFIELD BLVD., SUITE 3 Address: City-St-Zip: PONTE VEDRA BCH, FL 32082 City-St-Zip:

Title: STD () Delete Title: () Change () Addition

GARRIPEE, LESTER N Name: Name: Address: 6 FAIRFIELD BLVD., SUITE 3 Address: City-St-Zip: PONTE VEDRA BCH, FL 32082 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: WAYNE SCHEINER PD 04/15/2009