


**2007 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Mar 05, 2007 08:00 A**  
**Secretary of State**

<b>DOCUMENT # N34632</b> 1. Entity Name WATERS EDGE OWNERS ASSOCIATION, INC.	
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Principal Place of Business 89 BARRACUDA ST DESTIN, FL 32541	Mailing Address 89 BARRACUDA ST DESTIN, FL 32541
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**DO NOT WRITE IN THIS SPACE**



02262007 No Chg-NP CR2E037 (4/06)

4. FEI Number 59-3012170	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
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6. Name and Address of Current Registered Agent  ARMSTRONG, JOLENE 83 BARRACUDA ST DESTIN, FL 32541	<b>DO NOT WRITE IN THIS SPACE</b>
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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, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small>	DATE _____
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<b>Filing Fee is \$61.25 Due by May 1, 2007</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	U00000656747 03/14/07-80039-001 150.00
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P ARMSTRONG, JOLENE 83 BARRACUDA ST DESTIN, FL 32541
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP FORD, BILL 4503 JOHN AVENUE DESTIN, FL 32541
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T PRESCOTT, JEFF 83 BARRACUDA ST DESTIN, FL 32541
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S SKARUPA, FERN... 77 STING RAY STREET DESTIN, FL 32541
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D EMPSON, LEE 83 BARRACUDA ST DESTIN, FL 32541
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE  
IN THIS SPACE**

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.

<b>SIGNATURE:</b> _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	<b>JEFFREY PRESCOTT</b> <small>Date</small>	<b>850 8376494</b> <small>Daytime Phone #</small>
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*TREASURER*