

**2008 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Feb 01, 2008 08:00 AM**  
**Secretary of State**

**DOCUMENT # N34632**

1. Entity Name  
WATERS EDGE OWNERS ASSOCIATION, INC.



Principal Place of Business  
89 BARRACUDA ST  
DESTIN, FL 32541

Mailing Address  
89 BARRACUDA ST  
DESTIN, FL 32541



01302008 No Chg-NP CR2E037 (4/06)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
59-3012170

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional  
Fee Required

**6. Name and Address of Current Registered Agent**

ARMSTRONG, JOLENE  
83 BARRACUDA ST  
DESTIN, FL 32541

**DO NOT WRITE  
IN THIS SPACE**

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

Signature, typed or printed name of registered agent and title 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**

**10. OFFICERS AND DIRECTORS**

TITLE	P
NAME	ARMSTRONG, JOLENE
STREET ADDRESS	83 BARRACUDA ST
CITY-STATE-ZIP	DESTIN, FL 32541
TITLE	VP
NAME	FORD, BILL
STREET ADDRESS	4503 JOHN AVENUE
CITY-STATE-ZIP	DESTIN, FL 32541
TITLE	T
NAME	PRESCOTT, JEFF
STREET ADDRESS	83 BARRACUDA ST
CITY-STATE-ZIP	DESTIN, FL 32541
TITLE	S
NAME	SKARUPA, FERN
STREET ADDRESS	77 STING RAY STREET
CITY-STATE-ZIP	DESTIN, FL 32541
TITLE	D
NAME	EMPSON, LEE
STREET ADDRESS	83 BARRACUDA ST
CITY-STATE-ZIP	DESTIN, FL 32541
TITLE	
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	

000000810005  
02/08/08-80046-008 150.00

**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.

**SIGNATURE:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

JEFFREY PRESCOTT

1-30-08 8508376494