

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N34632

FILED
Mar 13, 2009
Secretary of State

Entity Name: WATERS EDGE OWNERS ASSOCIATION, INC.

Current Principal Place of Business:

89 BARRACUDA ST
DESTIN, FL 32541

New Principal Place of Business:

Current Mailing Address:

89 BARRACUDA ST
DESTIN, FL 32541

New Mailing Address:

FEI Number: 59-3012170

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ARMSTRONG, JOLENE
83 BARRACUDA ST
DESTIN, FL 32541 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: P () Delete
Name: ARMSTRONG, JOLENE
Address: 83 BARRACUDA ST
City-St-Zip: DESTIN, FL 32541

Title: VP () Delete
Name: FORD, BILL
Address: 4503 JOHN AVENUE
City-St-Zip: DESTIN, FL 32541

Title: T () Delete
Name: PRESCOTT, JEFF
Address: 83 BARRACUDA ST
City-St-Zip: DESTIN, FL 32541

Title: S () Delete
Name: SKARUPA, FERN
Address: 77 STING RAY STREET
City-St-Zip: DESTIN, FL 32541

Title: D () Delete
Name: EMPSON, LEE
Address: 83 BARRACUDA ST
City-St-Zip: DESTIN, FL 32541

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
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: JOLENE ARMSTRONG

PRES

03/13/2009

Electronic Signature of Signing Officer or Director

Date