

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N39753

FILED
Apr 10, 2007
Secretary of State

Entity Name: WATER'S EDGE HOMEOWNERS ASSOCIATION OF LEESBURG, INC.

Current Principal Place of Business:

2180 WEST SR 434, SUITE 5000
LONGWOOD, FL 327795044 US

New Principal Place of Business:

Current Mailing Address:

2180 WEST SR 434, SUITE 5000
LONGWOOD, FL 327795044 US

New Mailing Address:

FEI Number: 59-3078242

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

VIOLETTO, RONALD
1760 WATERVIEW DR
LEESBURG, FL 34748 US

Name and Address of New Registered Agent:

HART, JAMES W JR
SENTRY MANAGEMENT INC
2180 WEST SR 434 SUITE 5000
LONGWOOD, FL 32779 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.

SIGNATURE: JAMES W HART JR

04/10/2007

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: STEPHEN, WYARAOX
Address: 1758 WATERVIEW DR
City-St-Zip: LEESBURG, FL 34748

Title: DVP () Delete
Name: BOWERS, BRIEN
Address: 202 WATERS EDGE DR
City-St-Zip: LEESBURG, FL 347487000

Title: DST () Delete
Name: VIOLETTO, RONALD
Address: 1760 WATERVIEW DR
City-St-Zip: LEESBURG, FL 34748

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: MUDD, TOM
Address: 320 WATER SHORE DR
City-St-Zip: LEESBURG, FL 34748

Title: VPD (X) Change () Addition
Name: BOWERS, BRIEN
Address: 202 WATERS EDGE DR
City-St-Zip: LEESBURG, FL 34748

Title: STD (X) Change () Addition
Name: NYARADY, STEVE
Address: 1758 WATERVIEW DR
City-St-Zip: LEESBURG, FL 34748

Title: D () Change (X) Addition
Name: VIOLETTO, RON
Address: 1760 WATERVIEW DR
City-St-Zip: LEESBURG, FL 34748

Title: D () Change (X) Addition
Name: THOMPSON, ARTHUR
Address: 314 WATER SHORE DR
City-St-Zip: LEESBURG, FL 34748

I hereby certify that the information supplied with this filing does not qualify for the 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: TOM MUDD

PD

04/10/2007

Electronic Signature of Signing Officer or Director

Date