2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 04, 2009
Secretary of State

DOCUMENT# N39753

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:

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 03/04/2009
Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: PD ( ) Delete
Name: EGAN, BEVERLY
Address: 310 WATERS EDGE DR
City-St-Zip: LEESBURG, FL 34748

Title: TD ( ) Delete
Name: BOWERS, BRIEN
Address: 202 WATERS EDGE DR
City-St-Zip: LEESBURG, FL 34748

Title: VPD ( ) Delete
Name: NYARADY, STEVE
Address: 1758 WATERVIEW DR
City-St-Zip: LEESBURG, FL 34748

Title: SD ( ) Delete
Name: PERRY, JACQUELINE
Address: 309 WATER SHORE DR
City-St-Zip: LEESBURG, FL 34748

Title: D (X) Delete
Name: PATTON, BRENDA
Address: 313 WATER SHORE DR
City-St-Zip: LEESBURG, FL 34748

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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

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: STEVE NYARADY PD 03/04/2009
Electronic Signature of Signing Officer or Director Date