

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 23, 2007 8:00 am
Secretary of State

04-23-2007 90253 047 ****61.25

DOCUMENT # N41677 1. Entity Name WATER'S EDGE AT PEPPERTREE POINTE COMMUNITY ASSOCIATION, INC.					
Principal Place of Business 15650 SAN CARLOS BLVD. #40 FORT MYERS, FL 33908			Mailing Address 15650 SAN CARLOS BLVD. #40 FORT MYERS, FL 33908		
2. Principal Place of Business - No P.O. Box # 711 TARPON Bay Rd		3. Mailing Address P.O. Box 100			
Suite, Apt. #, etc. 		Suite, Apt. #, etc. 			
City & State SARASOTA FL		City & State SARASOTA FL		4. FEI Number 65-0312699	
Zip 33957		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent SAPP, PAUL L 15660 CAN CARLOS BLVD. #40 FORT MYERS, FL 33908			7. Name and Address of New Registered Agent Name Steven Mackesy Street Address (P.O. Box Number is Not Acceptable) 711 TARPON Bay Rd City SARASOTA FL Zip Code 33957		
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) DATE</small>					
Filing Fee is \$61.25 Due by May 1, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS					
TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	Delete <input type="checkbox"/>	
	P	GRAHAM, JOHN	13400 BISHOPS LN BROOKFIELD, WI 53005		
	VP	BRUCE, ANDY	13400 BISHOP LN BROOKFIELD, WI 53005		
	ST	HANEY, BRENT	13400 BISHOPS LN BROOKFIELD, WI 53005		
	D	SOARES, JIM	15239 KNOTTS LANDING FORT MYERS, FL 33908		
	D	SMITH, KIRBY	14813 LAGUNA DR. B502 FORT MYERS, FL 33908		
11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10					
TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	Change <input type="checkbox"/> Addition <input type="checkbox"/>	
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: John Graham <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					