2008 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT

FILED May 09, 2008 DOCUMENT# N41677 Secretary of State

Entity Name: WATER'S EDGE AT PEPPERTREE POINTE COMMUNITY ASSOCIATION, INC.

Current Principal Place of Business: New Principal Place of Business:

711 TARPON BAY RD SANIBEL, FL 33957

Current Mailing Address: New Mailing Address:

P.O. BOX 100 SANIBEL, FL 33957

FEI Number: 65-0312699 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:

MACKESY, STEVEN 711 TARPÓN BAY RD SANIBEL, FL 33957

OFFICERS AND DIRECTORS:

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:

Date

Electronic Signature of Registered Agent

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

(X) Change () Addition () Delete

GRAHAM, JOHN GRAHAM, JOHN Name: Name: 13400 BISHOPS LN Address: 13400 BISHOPS LN Address: City-St-Zip: BROOKFIELD, WI 53005 City-St-Zip: BROOKFIELD, WI 53005

Title: Title: DV (X) Change () Addition () Delete

BRUCE, ANDY Name: BRUCE, ANDY Name: Address: 13400 BISHOP LN Address: 13400 BISHOP LN City-St-Zip: BROOKFIELD, WI 53005 City-St-Zip: BROOKFIELD, WI 53005

Title: () Delete Title: () Change () Addition

SMITH, KIRBY Name: Name: 14813 LAGUNA DR. B502 Address: Address: City-St-Zip: FORT MYERS, FL 33908 City-St-Zip:

Title: () Delete Title: DST (X) Change () Addition

STOPERRY, KEITH Name: Name: PERRY, KEITH 13400 BISHOPS LANE 10301 REGENT CIRCLE Address: Address: City-St-Zip: BROOKFIELD, WI 53005 City-St-Zip: NAPLES, FL 34109

Title: () Delete Title: () Change (X) Addition

MENDRICK, DONALD Name: Name: 14820 LAGUNA DRIVE Address: Address: City-St-Zip: City-St-Zip: FORT MYERS, FL 33908

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: JONATHAN E SOPHA AGENT **AGNT** 05/09/2008