

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N41677

FILED  
Apr 10, 2009  
Secretary of State

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

**Current Principal Place of Business:**

711 TARPON BAY RD  
SANIBEL, FL 33957

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 100  
SANIBEL, FL 33957

**New Mailing Address:**

**FEI Number:** 65-0312699

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

MACKESY, STEVEN  
711 TARPON BAY RD  
SANIBEL, FL 33957 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: DP ( ) Delete  
Name: GRAHAM, JOHN  
Address: 13400 BISHOPS LN  
City-St-Zip: BROOKFIELD, WI 53005

Title: DV ( ) Delete  
Name: BRUCE, ANDY  
Address: 13400 BISHOP LN  
City-St-Zip: BROOKFIELD, WI 53005

Title: D ( ) Delete  
Name: SMITH, KIRBY  
Address: 14813 LAGUNA DR. B502  
City-St-Zip: FORT MYERS, FL 33908

Title: DST ( ) Delete  
Name: PERRY, KEITH  
Address: 10301 REGENT CIRCLE  
City-St-Zip: NAPLES, FL 34109

Title: D ( ) Delete  
Name: MENDRICK, DONALD  
Address: 14820 LAGUNA DRIVE  
City-St-Zip: FORT MYERS, FL 33908

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: PD (X) Change ( ) Addition  
Name: GRAHAM, JOHN  
Address: 13400 BISHOPS LN  
City-St-Zip: BROOKFIELD, WI 53005

Title: STD (X) Change ( ) Addition  
Name: HECHT, TOM  
Address: 14813 LAGUNA DR  
City-St-Zip: FORT MYERS, FL 33908

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

Title: VD (X) Change ( ) Addition  
Name: PERRY, KEITH  
Address: 10301 REGENT CIRCLE  
City-St-Zip: NAPLES, FL 34109

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: JOHN GRAHAM

PD

04/10/2009

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date