

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N93000001538

FILED
Mar 27, 2009
Secretary of State

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

Current Principal Place of Business:

10036 SAWGRASS DRIVE
SUITE 1
PONTE VEDRA BEACH, FL 32082

New Principal Place of Business:

10036 SAWGRASS DRIVE WEST
SUITE 1
PONTE VEDRA BEACH, FL 32082

Current Mailing Address:

10036 SAWGRASS DRIVE
SUITE 1
PONTE VEDRA BEACH, FL 32082

New Mailing Address:

5455 A1A SOUTH
SUITE 3
SAINT AUGUSTINE, FL 32080

FEI Number: 59-3202245

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MAY MANAGEMENT SERVICES, INC.
5455 A1A SOUTH
SAINT AUGUSTINE, FL 32080 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: VP () Delete
Name: HURNER, BOB
Address: 265 WATERS EDGE DR S
City-St-Zip: PONTE VEDRA BEACH, FL 32082

Title: P () Delete
Name: CRIST, CARL
Address: 148 WATERS EDGE DRIVE N.
City-St-Zip: PONTE VEDRA BEACH, FL 32082

Title: ST () Delete
Name: CASH, CHARLOTTE
Address: 280 WATER'S EDGE DR S
City-St-Zip: PONTE VEDRA BEACH, FL 32082

Title: D () Delete
Name: YOLTON, GUY
Address: 101 PUTTERS WAY
City-St-Zip: PONTE VEDRA BEACH, FL 32082

Title: D () Delete
Name: WORM, SANDY
Address: 248 WATER'S EDGE DR S
City-St-Zip: PONTE VEDRA BEACH, FL 32082

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: VP (X) Change () Addition
Name: WORM, SANDY
Address: 5455 A1A SOUTH
City-St-Zip: SAINT AUGUSTINE, FL 32080

Title: P (X) Change () Addition
Name: CRIST, CARL
Address: 5455 A1A SOUTH
City-St-Zip: SAINT AUGUSTINE, FL 32080

Title: D (X) Change () Addition
Name: GORDON, JOHN
Address: 5455 A1A SOUTH
City-St-Zip: SAINT AUGUSTINE, FL 32080

Title: S (X) Change () Addition
Name: YOLTON, GUY
Address: 5455 A1A SOUTH
City-St-Zip: SAINT AUGUSTINE, FL 32080

Title: T (X) Change () Addition
Name: HARTWELL, ADAM
Address: 5455 A1A SOUTH
City-St-Zip: SAINT AUGUSTINE, FL 32080

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: CARL CRIST

P

03/27/2009

Electronic Signature of Signing Officer or Director

Date