

2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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FILED
Feb 04, 2011
Secretary of State

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

Current Principal Place of Business:

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

New Principal Place of Business:

Current Mailing Address:

5455 A1A SOUTH
SUITE 3
SAINT AUGUSTINE, FL 32080

New Mailing Address:

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: T
Name: GILBERTO, PASQUALE
Address: 5455 A1A SOUTH
City-St-Zip: SAINT AUGUSTINE, FL 32080

Title: P
Name: HARTWELL, ADAM
Address: 5455 A1A SOUTH
City-St-Zip: SAINT AUGUSTINE, FL 32080

Title: S
Name: DEMAIO, ROBERT
Address: 5455 A1A SOUTH
City-St-Zip: SAINT AUGUSTINE, FL 32080

Title: D
Name: DISALLE, BOB
Address: 5455 A1A SOUTH
City-St-Zip: SAINT AUGUSTINE, FL 32080

Title: D
Name: CRIST, CARL W
Address: 5455 A1A SOUTH
City-St-Zip: SAINT AUGUSTINE, FL 32080

Title: D
Name: DISALLE, BARBARA
Address: 5455 A1A SOUTH
City-St-Zip: ST AUGUSTINE, FL 32080

I hereby 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 all other like empowered.

SIGNATURE: PASQUALE GILBERTO

T

02/04/2011

Electronic Signature of Signing Officer or Director

Date