

# 2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N93000002135

FILED  
Apr 29, 2012  
Secretary of State

**Entity Name:** WATERS EDGE HOMEOWNERS ASSOCIATION, INC. OF POLK COUNTY

**Current Principal Place of Business:**

ORANGE BLOSSOM TRAIL  
WINTER HAVEN, FL 33880

**New Principal Place of Business:**

**Current Mailing Address:**

5950 IMPERIALAKES BLVD  
SUITE 7  
MULBERRY, FL 33860

**New Mailing Address:**

**FEI Number:** 59-3184394      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

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

MOSELLE, LISA M  
5950 IMPERIALAKES BLVD  
SUITE #7  
MULBERRY, FL 33860 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  
Name: LAMPHER, AMY  
Address: 5950 IMPERIALAKES BLVD  
City-St-Zip: MULBERRY, FL 33860

Title: STD  
Name: TEMPLE, JOAN  
Address: 329 ORANGE BLOSSOM DR SE  
City-St-Zip: WINTER HAVEN, FL 33880

Title: PD  
Name: SMITH, TIMOTHY  
Address: 327 ORANGE BLOSSOM DR. SE  
City-St-Zip: WINTER HAVEN, FL 33880

Title: D  
Name: BEEMAN, MARK  
Address: 351 ORANGE BLOSSOM DR. SE.  
City-St-Zip: WINTER HAVEN, FL 33880

Title: D  
Name: REZABEK, DAVID  
Address: 2060 HIDEAWAY COURT  
City-St-Zip: MORRIS, IL 60450

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: TIM SMITH

PD

04/29/2012

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

\_\_\_\_\_  
Date