

2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N94000005938

FILED
Jan 27, 2012
Secretary of State

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

Current Principal Place of Business:

C/O J BROOKS & ASSOCIATES, INC.
2804 DEL PRADO BLVD. S., #109
CAPE CORAL, FL 33904

New Principal Place of Business:

C/O J BROOKS & ASSOCIATES, INC.
17041 ALICO COMMERCE COURT, #1
FORT MYERS, FL 33967

Current Mailing Address:

C/O J BROOKS & ASSOCIATES, INC.
2804 DEL PRADO BLVD. S., #109
CAPE CORAL, FL 33904

New Mailing Address:

C/O J BROOKS & ASSOCIATES, INC.
17041 ALICO COMMERCE COURT, #1
FORT MYERS, FL 33967

FEI Number: 65-0647138

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BROOKS, JERRY D
C/O J BROOKS & ASSOCIATES, INC.
2804 DEL PRADO BLVD. S., #109
CAPE CORAL, FL 33904 US

Name and Address of New Registered Agent:

BROOKS, JERRY D
C/O J BROOKS & ASSOCIATES, INC.
17041 ALICO COMMERCE COURT, #1
FORT MYERS, FL 33967 US

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: JERRY D. BROOKS

01/27/2012

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P
Name: CHRISTIE, ROBERT
Address: 15236 KNOTS LANDING
City-St-Zip: FORT MYERS, FL 33908

Title: VP
Name: DEMPSEY, CAROLE
Address: 14511 LAGUNA DRIVE
City-St-Zip: FORT MYERS, FL 33908

Title: S/T
Name: TROIANO, MARK
Address: 14491 LAGUNA DRIVE
City-St-Zip: FORT MYERS, FL 33908

Title: D
Name: GASSAWAY, WILLIAM
Address: 15238 KNOTS LANDING
City-St-Zip: FORT MYERS, FL 33908

Title: D
Name: HIROSKY, ROBERT
Address: 15238 KNOTS LANDING
City-St-Zip: FORT MYERS, FL 33908

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: ROBERT CHRISTIE

PRES

01/27/2012

Electronic Signature of Signing Officer or Director

Date