

**2008 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 28, 2008 08:00 AM**  
**Secretary of State**

**DOCUMENT # N95000002222**

**1. Entity Name**  
WATERS EDGE ON HILLSBORO MILE HOMEOWNERS'  
ASSOCIATION, INC.



**Principal Place of Business**  
1153 HILLSBORO MILE, UNITS 2 & 3  
HILLSBORO BEACH, FL 33062 US

**Mailing Address**  
1153 HILLSBORO MILE, UNITS 2 & 3  
HILLSBORO BEACH, FL 33062 US

**DO NOT WRITE IN THIS SPACE**



04222008 No Chg-NP CR2E037 (4/06)

<b>4. FEI Number</b> 65-0688305	<b>Applied For</b> <input type="checkbox"/> <b>Not Applicable</b>
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**5. Certificate of Status Desired** ☐ **\$8.75 Additional Fee Required**

**8. Name and Address of Current Registered Agent**

KENNETH EDELMAN, P.A.  
2255 GLADES ROAD, STE 337W  
BOCA RATON, FL 33431-4383

**DO NOT WRITE  
IN THIS SPACE**

**8.** 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. I am familiar with, and accept the obligations of registered agent.

**SIGNATURE** \_\_\_\_\_

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25**  
**Due by May 1, 2008**

**9. Election Campaign Financing**  
Trust Fund Contribution. ☐

**\$5.00 May Be**  
**Added to Fees**

U000000925342  
05/20/08-80024-002 61.25

**10. OFFICERS AND DIRECTORS**

<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<b>P</b> DI TEMPORA, NICHOLAS 1153 HILLSBORO MILE HILLSBORO BEACH, FL 33062
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<b>VP</b> DI TEMPORA, YOLANDA 1153 HILLSBORO MILE HILLSBORO BEACH, FL 33062
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<b>S</b> BRANSFIELD, JACK 1153 HILLSBORO MILE HILLSBORO BEACH, FL 33062
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	

**DO NOT WRITE  
IN THIS SPACE**

**12.** I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:** \_\_\_\_\_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/25/08 954246-8611