

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N96000003364

FILED  
Aug 18, 2007  
Secretary of State

**Entity Name:** WATER'S EDGE OWNERS' ASSOCIATION ON NORTH HUTCHISON ISLAND, INC.

**Current Principal Place of Business:**

18 S RIVER RD  
STUART, FL 34996

**New Principal Place of Business:**

**Current Mailing Address:**

18 S RIVER RD  
STUART, FL 34996

**New Mailing Address:**

**FEI Number:** 65-0030351      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**  
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

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

MUSSO, DONNA  
18 S RIVER ROAD  
STUART, FL 34996      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: VT ( ) Delete  
Name: MUSSO, JOHN  
Address: 18 S RIVER ROAD  
City-St-Zip: STUART, FL 34996

Title: PD ( ) Delete  
Name: MUSSO, DONNA  
Address: 18 S RIVER ROAD  
City-St-Zip: STUART, FL 34996

Title: T ( ) Delete  
Name: WINKLES, IRENE  
Address: 2314 OAK DR  
City-St-Zip: FT. PIERCE, FL 34949

Title: S ( ) Delete  
Name: ROWE, ROBERT  
Address: 901 WATERSEdge DR  
City-St-Zip: FT. PIERCE, FL 34949

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: VT (X) Change ( ) Addition  
Name: MUSSO, DONNA  
Address: 18 S RIVER ROAD  
City-St-Zip: STUART, FL 34996

Title: PD (X) Change ( ) Addition  
Name: MUSSO, JOHN  
Address: 18 S RIVER ROAD  
City-St-Zip: STUART, FL 34996

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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: DONNA MUSSO

VT

08/18/2007

Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date