2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 29, 2009
Secretary of State

DOCUMENT# N96000003364

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 ( )**

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, DONNA
Address: 18 S RIVER ROAD
City-St-Zip: STUART, FL 34996

Title: PD ( ) Delete
Name: MUSSO, JOHN
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: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: PD (X) Change ( ) Addition
Name: MILANO, SHARON
Address: 841 S RIVER DRIVE #104
City-St-Zip: STUART, FL 34997

Title: T (X) Change ( ) Addition
Name: DATRIA, SUZANNE
Address: 911 WATERS EDGE WAY
City-St-Zip: FT. PIERCE, FL 34949

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 04/29/2009

Electronic Signature of Signing Officer or Director — Date