

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N97000002425

FILED  
Apr 14, 2009  
Secretary of State

**Entity Name:** WATERS EDGE AT PORT ORANGE HOMEOWNERS ASSOCIATION, INC.

**Current Principal Place of Business:**

2379 BEVILLE ROAD  
S. DAYTONA BEACH, FL 32119 US

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 291910  
PORT ORANGE, FL 32129 US

**New Mailing Address:**

**FEI Number:** 59-3457140

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

CHATLEY, NANCY D  
2379 BEVILLE ROAD  
DAYTONA BEACH, FL 32119 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: DVP ( ) Delete  
Name: ROSS, DOUGLAS R JR.  
Address: 2379 BEVILLE RD  
City-St-Zip: DAYTONA BEACH, FL 32119

Title: DP ( ) Delete  
Name: SMITH, RICHARD  
Address: 2379 BEVILLE RD  
City-St-Zip: DAYTONA BEACH, FL 32119

Title: DST ( ) Delete  
Name: TIMM, DUSTIN  
Address: 2379 BEVILLE RD  
City-St-Zip: DAYTONA BEACH, FL 32119

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

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

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

Title: DST (X) Change ( ) Addition  
Name: GONZALEZ, ISRAEL  
Address: 2379 BEVILLE RD  
City-St-Zip: DAYTONA BEACH, FL 32119

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: RICHARD SMITH

D/P

04/14/2009

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

\_\_\_\_\_  
Date