

2009 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT**FILED**
May 15, 2009
Secretary of State

DOCUMENT# N99000003066

Entity Name: WATER'S EDGE AT HERON COVE HOMEOWNERS' ASSOCIATION, INC.**Current Principal Place of Business:**16105 N. FLORIDA
A
LUTZ, FL 33549**New Principal Place of Business:****Current Mailing Address:**16105 NORTH FLORIDA AVE
#A
LUTZ, FL 33549**New Mailing Address:****FEI Number:** 59-3878150**FEI Number Applied For ()****FEI Number Not Applicable ()****Certificate of Status Desired ()****Name and Address of Current Registered Agent:**MEZER, STEVEN
1801 N. HIGHLAND AVE
TAMPA, FL 33602 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:** PSTD () Delete
Name: BOCHERT, NANCY
Address: 16105 N. FLORIDA #A
City-St-Zip: LUTZ, FL 33549**Title:** VD () Delete
Name: EDDY, NANCY
Address: 16105 N. FLORIDA AVE #A
City-St-Zip: LUTZ, FL 33549**Title:** D () Delete
Name: SOMEILLAN, RICHARD
Address: 16105 N. FLORIDA AVE #A
City-St-Zip: LUTZ, FL 33549**Title:** () Delete
Name:
Address:
City-St-Zip:**Title:** () Delete
Name:
Address:
City-St-Zip:**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:****Title:** PD (X) Change () Addition
Name: LAMB, RONALD
Address: 16105 N. FLORIDA #A
City-St-Zip: LUTZ, FL 33549**Title:** VD (X) Change () Addition
Name: HAYES, BARBARA
Address: 16105 N. FLORIDA AVE #A
City-St-Zip: LUTZ, FL 33549**Title:** SD (X) Change () Addition
Name: MOYERS, SUSAN
Address: 16105 N. FLORIDA AVE #A
City-St-Zip: LUTZ, FL 33549**Title:** TD () Change (X) Addition
Name: ELLIS, GLENN
Address: 16105 N. FLORIDA AVE #A
City-St-Zip: LUTZ, FL 33549**Title:** D () Change (X) Addition
Name: RITTER, JERRY
Address: 16105 N. FLORIDA AVE #A
City-St-Zip: LUTZ, FL 33549

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: RONALD LAMB

PRES

05/15/2009

Electronic Signature of Signing Officer or Director

Date