2013 FOR PROFIT CORPORATION ANNUAL REPORT

ANNUAL REPORT DOCUMENT # P96000093114 1. Entity Name 13 SEP 10 AM 9: 38 WATERWAY'S EDGE, INC. SEUGLIARY OF STATE IALLAHASSEE, FLORIDA Principal Place of Business Mailing Address 245 WATERWAYS AVE POST OFFICE BOX 761 BOCA GRANDE, FL 33921 US BOCA GRANDE, FL 33921 No Cha-P CR2E034 (12/11) 09092013 DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number NOT APPLICABLE Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent DENBY, PEGGY A DO NOT WRITE 245 WATERWAYS AVE BOCA GRANDE, FL 33921 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 primed name of registered agent and site if applicable. DATE (NOTE, Registered Agent argnature required when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$550.00 \Box Trust Fund Contribution Added to Fees Due by September 27, 2013 OFFICERS AND DIRECTORS 10. TITLE DENBY, PEGGY A NAME STREET ADDRESS 245 WATERWAYS AVE BOCA GRANDE, FL CITY- ST- ZIP NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE NAME STREET ADDRESS SEP 1 0 2013 CITY- ST- ZIP S. PRATHER NAME STREET ADDRESS 500251566915 03/10/13-01006--008 ***550,00 CITY- ST- ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119. Flonda 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 607, 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.

E-MAIL ADDRESS

SIGNATURE:	Deo	all	act	red	λ	<u>A</u>	Dle	2	$\mathcal{Y}_{\mathcal{C}}$	o de	<u> </u>		2
	SIGNATURE	AND TYPED O	OR PRINTED N	AME OF SIGN	NG	FFICER O	R DIRECTOR	V	DATE	_		~	

NAME STREET ADDRESS CITY-ST-ZIP

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT
CORPORATION
ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT #	P96000093114	(2)
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Peggy a. Denby

WATERWAY'S EDGE, INC.

Principal Place	Naterways Ave	Mailing Addres POST OFFICE BOCA GRANDE	BOX 761	DO NOT WRITE IN THIS	SPACE				
				3. Date Incorporated or Qualified 11/13/1996					
2. Principal Pl	ace of Business	2a. Mailing Add	ress	4. FEI Number	Applied Fo				
1		26		NOT APPLICABLE No					
Suile, Apt.	#, etc.	Suite, Apt. I	, elc.	5. Certificate of Status Desired	\$8.75 Additional Fee Required				
City & State		City & State	•	6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees				
2ip 4	Country 25	Zip 29	Country 30	8. This corporation owes or has paid the cu Personal Property Tax due June 30	rrent year Intaggible Yes X No				
	9. Name and Address of Curren	it Negistered Agent		10. Name and Address of New Registered	Agent				
	A GRANDE H 33021	644 A.D. 245 WATE	ENBY 81 Name EWBYS AVZ 82 Street Ac	ddress (P.O. Box Number is Not Acceptable)					

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered of office or registered agent, or both, in the State of Florida, Such change was authorized by the corporation's board of directors in hereby accept the appointment as registered agent. I am lamitar with and accept the obligations of Section 607.0505. Florida Statutes

84 City

agent La	m lamiliar with, and accept the obligation	s of, Section 607.0505, Flo	orida Statutes.	1 1 4 00
SIGNATURE	Progu A. Denby			4 29 13
	Startature, Mad & prihied tracin of registered agent and OFFICERS AND DI		F: Projistered Agent signature requi	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
12.	P OFFICERS AND UII	DELETE	13.	Change Addi
1	,	LI DECENE		_ Unavy:
DAME	DENBY, PEGGY A		1.2 NAME	
STREET ADURESS	245 WATERWAYS AVE		1.3 STREET ADDRESS	
CITY-ST-ZIP	BOCA GRANDE FL		1.4 CITY-ST-ZIP	
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HAME			2.2 NAME	
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STREET ADDRESS	•		-6.3 STREET AUDRESS	
CHY \$1-ZIP			64 CITY+ST-ZIP	

14. Thereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i). Florida Statutes. I further certify that the informatic indicated on this annual report or supplemental annual 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE

esy a Druby

GEGGY A. UE

4/29/13

(941) 964-1393 Dailore Prone : 0431673

Zip Code