

2016 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N97000002425

FILED
Jan 25, 2016
Secretary of State
CC4589916867

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

Current Principal Place of Business:

6156 SABAL POINT CIRCLE
PORT ORANGE, FL 32128

Current Mailing Address:

P.O. BOX 291282
PORT ORANGE, FL 32129 US

FEI Number: 59-3457140

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

KOCH, KAREN
6156 SABAL POINT CIRCLE
PORT ORANGE, FL 32128 US

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

Officer/Director Detail :

Title VP
Name RHODES, HAROLD
Address 1819 FOROUGH CIRCLE
City-State-Zip: PORT ORANGE FL 32128

Title PRESIDENT
Name STOKES, TROY
Address 1717 ARASH CIRCLE
City-State-Zip: PORT ORANGE FL 32128

Title TREASURER
Name YOUNG, DENNIS
Address 6662 MERRYVALE LN
City-State-Zip: PORT ORANGE FL 32128

Title DIRECTOR
Name WATSON, WILLIAM T
Address 1767 CREEKWATER BLVD.
City-State-Zip: PORT ORANGE FL 32128

Title DIRECTOR
Name SMITH, RICHARD
Address 2379 BEVILLE RD
City-State-Zip: DAYTONA BEACH FL 32119

Title SECRETARY
Name COYNE, BILL
Address 1714 CREEKWATER BLVD
City-State-Zip: PORT ORANGE FL 32128

Title DIRECTOR
Name POLLARD, JACK
Address 6659 MERRYVALE LANE
City-State-Zip: PORT ORANGE FL 32128

I hereby 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 all other like empowered.

SIGNATURE: TROY STOKES

PRESIDENT

01/25/2016

Electronic Signature of Signing Officer/Director Detail

Date