## 2014 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N97000002425

Entity Name: WATERS EDGE AT PORT ORANGE HOMEOWNERS

ASSOCIATION, INC.

**Current Principal Place of Business:** 

103C NORTH LAKE DRIVE ORMOND BEACH, FL 32174

**Current Mailing Address:** 

103C NORTH LAKE DRIVE ORMOND BEACH, FL 32174 US

FEI Number: 59-3457140 Certificate of Status Desired: No

Name and Address of Current Registered Agent:

HALL, MARGIE 103C NORTH LAKE DRIVE ORMOND BEACH, FL 32174 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

FILED Mar 25, 2014

**Secretary of State** 

CC3735509814

Officer/Director Detail:

Title VP Title PRESIDENT

Name TULLO, MICHAEL Name ARSENAULT, JEFFREY S

Address 6718 MERRYVALE LANE Address 6821 AMICI COURT

City-State-Zip: PORT ORANGE FL 32128 City-State-Zip: PORT ORANGE FL 32128

Title DIRECTOR Title TREASURER

Name LAKKIS-BIGGS, PASCALE Name WATSON, WILLIAM T

Address 1789 ARASH CIRCLE Address 1767 CREEKWATER BLVD.

City-State-Zip: PORT ORANGE FL 32128 City-State-Zip: PORT ORANGE FL 32128

Title DIRECTOR Title SECRETARY

Name SMITH, RICHARD Name COWAN, LAUREN M MRS
Address 2379 BEVILLE RD Address 6748 FERRI CRICLE

City-State-Zip: DAYTONA BEACH FL 32119 City-State-Zip: PORT ORANGE FL 32128

Title DIRECTOR

Name RICHARD, WARE

Address 6605 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: JEFFREY S. ARSENAULT

**PRESIDENT** 

03/25/2014