2019 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N97000002425

Entity Name: WATERS EDGE AT PORT ORANGE HOMEOWNERS

ASSOCIATION, INC.

Current Principal Place of Business:

5889 S WILLIAMSON BLVD STE 1301 PORT ORANGE, FL 32128

Current Mailing Address:

5889 S WILLIAMSON BLVD STE 1301 PORT ORANGE, FL 32128 US

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

Name and Address of Current Registered Agent:

WEBER, CHERYL 5889 S WILLIAMSON BLVD STE 1301 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

FILED Jan 22, 2019

Secretary of State

9800235597CC

Officer/Director Detail:

Title **PRESIDENT** Title **TREASURER** Name NELSON, JOHN Name YOUNG, DENNIS

Address 5889 S WILLIAMSON BLVD Address 5889 S WILLIAMSON BLVD STE 1301

STE 1301

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

Title Title DIRECTOR

Name POLLARD, JACK Name MEADOWS, ELLIOT

Address 5889 S WILLIAMSON BLVD STE 1301 Address 5889 S WILLIAMSON BLVD STE 1301

Title

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

DIRECTOR Title **SECRETARY**

Name LUCENTE, MARC WARE, RICHARD Name

Address 5889 S WILLIAMSON BLVD STE 1301 Address 5889 S WILLIAMSON BLVD STE 1301

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

Title DIRECTOR

Name **BOLSTAD, RYAN**

5889 S WILLIAMSON BLVD STE 1301 Address

PORT ORANGE FL 32128 City-State-Zip:

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.

01/22/2019 SIGNATURE: JOHN NELSON **PRESIDENT**

Electronic Signature of Signing Officer/Director Detail

Date