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.

PRESIDENT

SIGNATI	IRE	MICHAEL	LANGONE	
JUDINAIU	ハட.		LANGONE	

Electronic Signature of Signing Officer/Director Detail

The above named	l entity submits this statement for the purpose of changing	its registered office or regis	tered agent, or both, in the State of Flor		
SIGNATURE	CHRIS POLLARD Electronic Signature of Registered Agent				
Officer/Dire	ctor Detail :				
Title	DIRECTOR	Title	TREASURER		
Name	POLLARD, JACK	Name	YOUNG, DENNIS		
Address	5889 S. WILLIAMSON BLVD. SUITE 1321	Address	5889 S. WILLIAMSON BLVD. SUITE 1321		
City-State-Zip:	PORT ORANGE FL 32128	City-State-Zip:	PORT ORANGE FL 32128		
Title	VP	Title	SECRETARY		
Name	MCKAY, JACLYN	Name	WARE, RICH		
Address	5889 S. WILLIAMSON BLVD. SUITE 1321	Address	5889 S. WILLIAMSON BLVD. SUITE 1321		
City-State-Zip:	PORT ORANGE FL 32128	City-State-Zip:	PORT ORANGE FL 32128		
Title	PRESIDENT				
Name	LANGONE, MICHAEL				
Address	5889 S. WILLIAMSON BLVD. SUITE 1321				
City-State-Zip:	PORT ORANGE FL 32128				

FEI Number: 59-3457140

Name and Address of Current Registered Agent:

POLLARD, CHRIS 5889 S. WILLIAMSON BLVD. **SUITE 1321** PORT ORANGE, FL 32128 US

Current Principal Place of Business: 5889 S. WILLIAMSON BLVD. SUITE 1321 PORT ORANGE, FL 32128

Current Mailing Address:

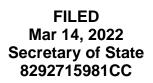
ASSOCIATION, INC.

5889 S. WILLIAMSON BLVD. **SUITE 1321** PORT ORANGE, FL 32128 US

2022 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

Entity Name: WATERS EDGE AT PORT ORANGE HOMEOWNERS

DOCUMENT# N9700002425



Certificate of Status Desired: No

03/14/2022

03/14/2022 Date