

2022 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N97000002425

FILED
Mar 14, 2022
Secretary of State
8292715981CC

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

Current Principal Place of Business:

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

Current Mailing Address:

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

FEI Number: 59-3457140

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

POLLARD, CHRIS
5889 S. WILLIAMSON BLVD.
SUITE 1321
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: CHRIS POLLARD

03/14/2022

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title DIRECTOR
Name POLLARD, JACK
Address 5889 S. WILLIAMSON BLVD.
SUITE 1321
City-State-Zip: PORT ORANGE FL 32128

Title TREASURER
Name YOUNG, DENNIS
Address 5889 S. WILLIAMSON BLVD.
SUITE 1321
City-State-Zip: PORT ORANGE FL 32128

Title VP
Name MCKAY, JACLYN
Address 5889 S. WILLIAMSON BLVD.
SUITE 1321
City-State-Zip: PORT ORANGE FL 32128

Title SECRETARY
Name WARE, RICH
Address 5889 S. WILLIAMSON BLVD.
SUITE 1321
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

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: MICHAEL LANGONE

PRESIDENT

03/14/2022

Electronic Signature of Signing Officer/Director Detail

Date