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Jan 17 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT **1997**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **744344** **(3)**

1. Corporation Name

WATERS' EDGE EAST CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business	Mailing Address
2815 SOUTH ATLANTIC AVE. COCOA BEACH FL 32931	2815 SOUTH ATLANTIC AVE. COCOA BEACH FL 32931-2122

3. Date Incorporated or Qualified: **09/21/1978**
3a. Date of Last Report: **03/26/1996**

2. Principal Place of Business — 21:
Suite, Apt. #, etc. — 22:
City & State — 23:
Zip — 24: Country — 25:

2a. Mailing Address — 26:
Suite, Apt. #, etc. — 27:
City & State — 28:
Zip — 29: Country — 30:

4. FEI Number: **59-1942425** ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

LUHN, ROBERT
2815 S. ATLANTIC AVE.
SUITE 601
COCOA BCH FL 32931

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	VP	☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	PEACOCK, VERONICA		1.2 NAME	
STREET ADDRESS	2815 S ATLANTIC AVE, SUITE 306		1.3 STREET ADDRESS	
CITY-ST-ZIP	COCOA BEACH, FL 00000		1.4 CITY-ST-ZIP	
TITLE	T	☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	LARSON, MILDRED		2.2 NAME	
STREET ADDRESS	2815 S. ATLANTIC AVE., #401		2.3 STREET ADDRESS	
CITY-ST-ZIP	COCOA BCH FL		2.4 CITY-ST-ZIP	
TITLE	S	☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME	COURREGES, JOHN		3.2 NAME	
STREET ADDRESS	2815 S ATLANTIC AVE, SUITE 402		3.3 STREET ADDRESS	
CITY-ST-ZIP	COCOA BEACH, FL 00000		3.4 CITY-ST-ZIP	
TITLE	TD	☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME	DOONAN, MARY		4.2 NAME	
STREET ADDRESS	2815 S ATLANTIC AVE, SUITE 701		4.3 STREET ADDRESS	
CITY-ST-ZIP	COCOA BEACH, FL 00000		4.4 CITY-ST-ZIP	
TITLE	D	☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME	VINER, SANDRA		5.2 NAME	
STREET ADDRESS	2815 S. ATLANTIC AVE., #501		5.3 STREET ADDRESS	
CITY-ST-ZIP	COCOA BEACH FL		5.4 CITY-ST-ZIP	
TITLE	AT	☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME	PATTERSON, FRED		6.2 NAME	
STREET ADDRESS	2815 S ATLANTIC AVE, SUITE 405		6.3 STREET ADDRESS	
CITY-ST-ZIP	COCOA BEACH FL		6.4 CITY-ST-ZIP	

CR2E037 (9/96)

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my 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 in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Mildred Larson 1/7/97
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone # 0019223