FILE NOW: FILING FEE IS $61.25

NONPROFIT CORPORATION ANNUAL REPORT 1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Feb 27, 1999 8:00 am
Secretary of State
02-27-1999 90033 030 ****61.25

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DOCUMENT # **744344**

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. SUITE 104 COCOA BEACH FL 32931 US

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	3. Date Incorporated or Qualifed 09/21/1978 4. FEI Number 59-1942425 ☐ Applied For ☐ Not Applicable 5. Certifcate of Status Desired ☐ **$8.75** Additional Fee Required 6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

9. Name and Address of Current Registered Agent

OPEL DONALD M
2815 S ATLANTIC AVE #607
SUITE 601
COCOA BEACH FL 3293

10. Name and Address of New Registered Agent

81 Name: Joseph Pelletier Pres.
82 Street Address (P.O. Box Number is Not Acceptable): 2815 S. Atlantic Ave # 706
83 # 706
84 City: Cocoa Beach FL 85 Zip Code: 32931

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: Joseph Pelletier 1/25/99
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	D ASST TREAS	☐ DELETE	1.1 TITLE	V.P.	☑ Change ☐ Addition
NAME	WELCH, PHILIP		1.2 NAME	LEN BEAULIEW	
STREET ADDRESS	2815 S ATLANTIC AVE SUITE 506		1.3 STREET ADDRESS	2815 S. ATLANTIC AVE # 505	
CITY-ST-ZIP	COCOA BEACH FL 3293		1.4 CITY-ST-ZIP	COCOA BEACH, FL 32931	
TITLE	P	☒ DELETE	2.1 TITLE	T	☒ Change ☐ Addition
NAME	PARTLOW, JR C		2.2 NAME	DAVE RICH	
STREET ADDRESS	2815 S ATLANTIC AVE SUITE 703		2.3 STREET ADDRESS	2815 S. ATLANTIC AVE #502	
CITY-ST-ZIP	COCOA BCH FL 32931		2.4 CITY-ST-ZIP	COCOA BEACH, FL 32931	
TITLE	T	☒ DELETE	3.1 TITLE	Asst. Sect.	☒ Change ☐ Addition
NAME	CHAMBERS, HAZEL		3.2 NAME	SANDRA VINER	
STREET ADDRESS	2815 S ATLANTIC AVE SUITE 504		3.3 STREET ADDRESS	2815 S. ATLANTIC AVE # 501	
CITY-ST-ZIP	COCOA BEACH, FL 00000 32931		3.4 CITY-ST-ZIP	COCOA BEACH, FL 32931	
TITLE	SD	☐ DELETE	4.1 TITLE	D - Contracts	☒ Change ☐ Addition
NAME	DEL VISCIO, LORRAINE		4.2 NAME	Shirley Mc GUIRE	
STREET ADDRESS	2815 S ATLANTIC AVE SUITE 305		4.3 STREET ADDRESS	2815 S. ATLANTIC AVE # 707	
CITY-ST-ZIP	COCOA BEACH, FL 00000 32931		4.4 CITY-ST-ZIP	COCOA BEACH, FL 32931	
TITLE	D	☒ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	DOONAN, MARY		5.2 NAME		
STREET ADDRESS	2815 S ATLANTIC AVE SUITE 701		5.3 STREET ADDRESS		
CITY-ST-ZIP	COCOA BEACH FL 32931		5.4 CITY-ST-ZIP		
TITLE	D	☒ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME	PETRUCCI, SUSAN		6.2 NAME		
STREET ADDRESS	2815 S ATLANTIC AVE SUITE 503		6.3 STREET ADDRESS		
CITY-ST-ZIP	COCOA BEACH FL 32931		6.4 CITY-ST-ZIP		

CR2E037 (11/98)

14. I 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, with all other like empowered.

SIGNATURE: Joseph Pelletier **SIGNATURE REQUIRED** Joseph Pelletier 1/25/99 (407) 783-2942 office (407) 783-4037 Home
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

Joseph Pelletier Pres. 1/25/99 407-783-2942 off