

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 19, 2000 8:00 am
Secretary of State

01-19-2000 90295 021 ****61.25

DOCUMENT # 744344

1. Entity Name

WATERS' EDGE EAST CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business

2815 SOUTH ATLANTIC AVE.
 COCOA BEACH FL 32931

Mailing Address

2815 SOUTH ATLANTIC AVE.
 SUITE 104
 COCOA BEACH FL 32931-2170
 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-1942425

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

~~PELLETIER, JOSEPH~~
 2815 S ATLANTIC AVE
 #706
 COCOA BEACH FL 32931

Philip Welch →
 2815 S. ATLANTIC AVE
 #506
 COCOA BEACH, FL. 32931

Name *Philip Welch*

Street Address (P.O. Box Number is Not Acceptable)

*2815 S. ATLANTIC AVE
 #506*

City

COCOA BEACH

FL

Zip Code
32931

8. 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.

X
 SIGNATURE *Philip Welch*

Signature, typed or printed name of registered agent and title if applicable.

Philip Welch, Pres.

(NOTE: Registered Agent signature required when reinstating)

DATE

1/11/00

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing
 Trust Fund Contribution. ☐

\$5.00 May Be
 Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☒ Delete
 NAME **D**
 STREET ADDRESS **WELCH, PHILIP**
 CITY-ST-ZIP **2815 S ATLANTIC AVE SUITE 506**
COCOA BEACH FL 32931

TITLE ☒ Change ☐ Addition
 NAME **PRES.**
 STREET ADDRESS **Welch, Philip**
 CITY-ST-ZIP **2815 S. ATLANTIC AVE #506**
COCOA Bch, FL. 32931

TITLE ☒ Delete
 NAME **V**
 STREET ADDRESS **BEAULIEU, LEN**
 CITY-ST-ZIP **2815 S ATLANTIC AVE #505**
COCOA Bch FL 32931

TITLE ☐ Change ☒ Addition
 NAME **V. P.**
 STREET ADDRESS **Luh, Bob**
 CITY-ST-ZIP **2815 S. ATLANTIC AVE #601**
COCOA Bch, FL. 32931

TITLE ☒ Delete
 NAME **T**
 STREET ADDRESS **RICH, DAVE**
 CITY-ST-ZIP **2815 S ATLANTIC AVE #502**
COCOA BEACH FL 32931

TITLE ☐ Change ☒ Addition
 NAME **TRGS.**
 STREET ADDRESS **MORGAN, Jim**
 CITY-ST-ZIP **2815 S. ATLANTIC AVE #404**
COCOA Bch, FL. 32931

TITLE ☒ Delete
 NAME **AS**
 STREET ADDRESS **VINER, SANDRA**
 CITY-ST-ZIP **2815 S ATLANTIC AVE #501**
COCOA BEACH FL 32931

TITLE ☐ Change ☒ Addition
 NAME **ASST. TRGS.**
 STREET ADDRESS **HARTER, BRUCE**
 CITY-ST-ZIP **2815 S. ATLANTIC AVE #507**
COCOA Bch, FL. 32931

TITLE ☒ Delete
 NAME **D**
 STREET ADDRESS **MCGUIRE, SHIRLEY**
 CITY-ST-ZIP **2815 S ATLANTIC AVE #707**
COCOA BEACH FL 32931

TITLE ☐ Change ☒ Addition
 NAME **DIRECTOR**
 STREET ADDRESS **FLATLEY, M.J.**
 CITY-ST-ZIP **2815 S ATLANTIC AVE #401**
COCOA Bch, FL. 32931

TITLE ☐ Delete
 NAME **SD**
 STREET ADDRESS **DEL VISCIO, LORRAINE**
 CITY-ST-ZIP **2815 S ATLANTIC AVE STE 305**
COCOA BEACH FL 32931

TITLE ☐ Change ☒ Addition
 NAME **DIRECTOR**
 STREET ADDRESS **OPERA, DON**
 CITY-ST-ZIP **2815 S. ATLANTIC AVE #607**
COCOA Bch, FL. 32931

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Lorraine DelViscio*, LORRAINE DEL VISCIO

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/99)