

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

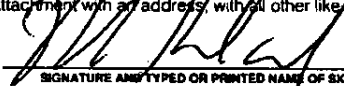
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Jun 03, 2004 8:00 am
Secretary of State

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MOORE CR2E037 (11/03)

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 US	
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address 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 WELCH, PHILIP 2815 S ATLANTIC AVE 1506 COCOA BEACH FL 32931		7. Name and Address of New Registered Agent Name JUDY EISENBERG Street Address (P.O. Box Number is Not Acceptable) 2815 S. ATLANTIC AVE 303 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. I am familiar with, and accept the obligations of registered agent.			
SIGNATURE _____ Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE _____			
FILE NOW: FEE IS \$61.25 Due By May 1, 2004		9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees	
		Make Check Payable to Florida Department of State	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	WICHLACZ, JIM 2815 S ATLANTIC AVENUE, # 206 COCOA BEACH FL 32931 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	JUDY EISENBERG 2815 S. ATLANTIC AVE - 303 COCOA BEACH FL 32931 ☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	WELCH, PHILIP 2815 S ATLANTIC AVE 707 COCOA BCH FL 32931 ☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	WILLIAM HILDEBRAND 2815 S. ATLANTIC AVE - 507 COCOA BEACH FL 32931 ☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MORGAN, JIM 2815 S ATLANTIC AVE #404 COCOA BEACH FL 32931 ☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	SUSIE PETRUCCI 2815 S. ATLANTIC AVE - 503 COCOA BEACH FL 32931 ☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CIRALDO, BOB 2815 S ATLANTIC AVE 107 COCOA BEACH FL 32931 ☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	ROBIN BUNCH 2815 S. ATLANTIC AVE - 701 COCOA BEACH FL 32931 ☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	OPEL, DON 2815 S ATLANTIC AVE #401 COCOA BEACH FL 32931 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DON OPEL 2815 S. ATLANTIC AVE - 607 COCOA BEACH FL 32931 ☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MERTON, HUTTON 2815 S ATLANTIC AVE 207 COCOA BEACH FL 32931 ☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	CHRISTOPHER SMITH 2815 S. ATLANTIC AVE - 706 COCOA BEACH FL 32931 ☐ Change ☒ Addition
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 817, 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: 		W.E. HILDEBRAND MAY 3-2004 321-799-4838	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	
JUDITH A. EISENBERG		Jaim A Emmy 5/8/04	