

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **N32346** (1)

1. Corporation Name
WATER'S EDGE ESTATES OWNERS ASSOCIATION, INC.



Principal Place of Business: C/O CHARLES R.L. WHITE, 535 E. INDIANTOWN RD., JUPITER FL 33477
Mailing Address: 11380 PROSPERITY FARMS, 209A, PALM BEACH GARDENS FL 33410

3. Date Incorporated or Qualified: 05/17/1989
3a. Date of Last Report: 10/07/1995

2. Principal Place of Business: 21 90 Donald Brady, 7028 WINGED FOOT DRIVE, STUART FL 33497
2a. Mailing Address: 26 90 Donald Brady, 7028 WINGED FOOT DRIVE, STUART FL 33497
23. City & State: STUART FL
24. Zip: 33497
25. Country: [Blank]

4. FEI Number: NOT APPLICABLE
5. Certificate of Status Desired: [Blank] \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution: [Blank] \$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: [Blank] Yes [Blank] No

9. Name and Address of Current Registered Agent: WATTERSON, HYLAND, BAIRD & KLETT P.A., 11380 PROSPERITY FARMS RD., SUITE 112, PALM BCH. GARDENS FL 33410

10. Name and Address of New Registered Agent: 81 Name, 82 Street Address (P.O. Box Number is Not Acceptable), 83, 84 City, 85 Zip Code: FL

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: [Signature] Signature, typed or printed name of registered agent, or both if applicable. (NOTE: Registered Agent signature required when re-registering.) DATE:

12. OFFICERS AND DIRECTORS
11. TITLE: PD, 12. NAME: JAMES A. BURG, 13. STREET ADDRESS: 11380 PROSPERITY FARMS RD, 14. CITY-ST-ZIP: PALM BEACH GARDENS FL 33410
11. TITLE: VD, 12. NAME: DENNIS SLIVERTER, 13. STREET ADDRESS: 2413 24TH LANE, 14. CITY-ST-ZIP: PALM BEACH GARDENS FL
11. TITLE: STD, 12. NAME: DONALD L. BRADY, 13. STREET ADDRESS: 7028 WINGED FOOT DRIVE, 14. CITY-ST-ZIP: STUART FL 33497
11. TITLE: [Blank], 12. NAME: [Blank], 13. STREET ADDRESS: [Blank], 14. CITY-ST-ZIP: [Blank]
11. TITLE: [Blank], 12. NAME: [Blank], 13. STREET ADDRESS: [Blank], 14. CITY-ST-ZIP: [Blank]

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
11. TITLE: [Blank], 12. NAME: [Blank], 13. STREET ADDRESS: [Blank], 14. CITY-ST-ZIP: [Blank]
11. TITLE: PRESIDENT/DIRECTOR, 12. NAME: [Blank], 13. STREET ADDRESS: [Blank], 14. CITY-ST-ZIP: [Blank]
11. TITLE: VICE PRESIDENT/DIRECTOR, 12. NAME: BENJAMIN MORELLI, 13. STREET ADDRESS: 410 RIVER EDGE RD, 14. CITY-ST-ZIP: JUPITER FL 33477
11. TITLE: SECRETARY/TREASURER/DIRECTOR, 12. NAME: J. LARRY HINELINE, 13. STREET ADDRESS: 5540 OLD MYSTIC CT, 14. CITY-ST-ZIP: JUPITER FL 33458
11. TITLE: [Blank], 12. NAME: [Blank], 13. STREET ADDRESS: [Blank], 14. CITY-ST-ZIP: [Blank]

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: [Signature] J. LARRY HINELINE
3-19-96 407-745-9595
DATE DAYTIME PHONE #

CR2E037 (12/95)