

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997
 AMOUNT DUE ON OR BEFORE 9/17/97: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

FILED

Sep 25 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 # N32346 (1)
 1. Corporation Name
WATER'S EDGE ESTATES OWNERS ASSOCIATION, INC.



Principal Place of Business C/O DONALD BRADY 7028 WINGED FOOT DR- STUART FL 32497 US	Mailing Address C/O DONALD BRADY 7028 WINGED FOOT DR- STUART FL 32497 US
--	--

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 05/17/1989	3a. Date of Last Report 03/25/1996
4. FEI Number NOT APPLICABLE	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business 21 1/0 R.V. Johnson Ins.	2a. Mailing Address 26 1/0 R.V. Johnson Ins.
Suite, Apt. #, etc. 22 222 US Hwy One, Ste 207	Suite, Apt. #, etc. 27 222 US Hwy One, Ste. 207
City & State 23 Tequesta, FL	City & State 28 Tequesta, FL
Zip 24 33469	Country 25 Palm Beach
Zip 29 33469	Country 30 Palm Beach

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

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS

TITLE VD	<input checked="" type="checkbox"/> DELETE
NAME MORELL BENJAMIN	
STREET ADDRESS 410 RIVER EDGE RD	
CITY-ST-ZIP JUPITER FL	
TITLE VD	<input type="checkbox"/> DELETE
NAME HINELINE, LARRY J.	
STREET ADDRESS 5540 OLD MYSTIC CT	
CITY-ST-ZIP JUPITER FL	
TITLE PD	<input type="checkbox"/> DELETE
NAME DONALD L. BRADY	
STREET ADDRESS 7028 WINGED FOOT DRIVE	
CITY-ST-ZIP STUART FL	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE STD - + D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME ANTONIUS KALOKERUNOS	
1.3 STREET ADDRESS Jupiter, FL 33477	
1.4 CITY-ST-ZIP	
2.1 TITLE V.P. + D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME HINELINE, LARRY J.	
2.3 STREET ADDRESS 146 OAKWOOD Lane	
2.4 CITY-ST-ZIP Palm Beach Gardens, FL 33410	
3.1 TITLE Pres. + D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME DONALD L. BRADY	
3.3 STREET ADDRESS 2918 29th Ct.	
3.4 CITY-ST-ZIP Jupiter, FL 33477	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

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: _____ SIGNATURE REQUIRED _____

CR2E037 (4/97)

[Handwritten Signature] 005 8/21/97 561 7458894