


SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.
 AMOUNT DUE ON OR BEFORE 09/30/98: \$81.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

FILED
 Aug 26 1998 8:00am
 Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N32346 (1)
 1. Corporation Name
WATER'S EDGE ESTATES OWNERS ASSOCIATION, INC.



Principal Place of Business % R.V. JOHNSON INS 222 US HWY ONE #207 TEQUESTA FL 33469 US	Mailing Address % R.V. JOHNSON INS 222 US HWY ONE #207 TEQUESTA FL 33469 US
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3. Date Incorporated or Qualified 05/17/1989	
4. FEI Number NOT APPLICABLE	Applied For <input type="checkbox"/> 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	
7. Is this nonprofit corporation a homeowners association? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business 21 Sulte, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Sulte, Apt. #, etc. 27 City & State 28 Zip 29 Country
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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
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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		DELETE
TITLE STD	NAME ANTONIUS KALOKERINOS	<input checked="" type="checkbox"/>
STREET ADDRESS 410 RIVER EDGE RD	CITY-ST-ZIP JUPITER FL	
TITLE VPD	NAME HINELINE, LARRY J.	<input checked="" type="checkbox"/>
STREET ADDRESS 148 OAKWOOD LN	CITY-ST-ZIP PALM BCH GDNS FL	
TITLE PD	NAME DONALD L. BRADY	<input type="checkbox"/>
STREET ADDRESS 2018 29TH CT	CITY-ST-ZIP JUPITER FL	
TITLE	NAME	<input type="checkbox"/>
STREET ADDRESS	CITY-ST-ZIP	
TITLE	NAME	<input type="checkbox"/>
STREET ADDRESS	CITY-ST-ZIP	
TITLE	NAME	<input type="checkbox"/>
STREET ADDRESS	CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		CHANGE	ADDITION
1.1 TITLE President D	1.2 NAME JAMES BURG	<input type="checkbox"/>	<input checked="" type="checkbox"/>
1.3 STREET ADDRESS 111 FISHERMAN'S WAY	1.4 CITY-ST-ZIP JUPITER, FL 33477		
2.1 TITLE STD	2.2 NAME ARTHUR FRASER	<input type="checkbox"/>	<input checked="" type="checkbox"/>
2.3 STREET ADDRESS 131 FISHERMAN'S WAY	2.4 CITY-ST-ZIP JUPITER, FL 33477		
3.1 TITLE VICE PRESIDENT D	3.2 NAME DONALD L. BRADY	<input checked="" type="checkbox"/>	<input type="checkbox"/>
3.3 STREET ADDRESS 2918 29TH CT	3.4 CITY-ST-ZIP JUPITER, FL 33477		
4.1 TITLE D	4.2 NAME CARY MINDER	<input type="checkbox"/>	<input checked="" type="checkbox"/>
4.3 STREET ADDRESS 354 FISHERMAN WAY	4.4 CITY-ST-ZIP JUPITER, FL 33477		
5.1 TITLE D	5.2 NAME RONALD KRISZ	<input type="checkbox"/>	<input checked="" type="checkbox"/>
5.3 STREET ADDRESS 2000 S. A.I.A. APT 1002	5.4 CITY-ST-ZIP JUPITER, FL 33470		
6.1 TITLE	6.2 NAME	<input type="checkbox"/>	<input type="checkbox"/>
6.3 STREET ADDRESS	6.4 CITY-ST-ZIP		

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.

SIGNATURE: [Signature] 8/17/98 (561) 745-8894

CR2E037 (5/98)