

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 22, 2000 8:00 am
Secretary of State

05-22-2000 90057 047 ****61.25

DOCUMENT # N32346

1. Entity Name

WATER'S EDGE ESTATES OWNERS ASSOCIATION, INC.

Principal Place of Business

Mailing Address

% R.V. JOHNSON INS
 222 US HWY ONE #207
 TEQUESTA FL 33469
 US

% R.V. JOHNSON INS
 222 US HWY ONE #207
 TEQUESTA FL 33469-2708
 US



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

C/O Donna Gribben

C/O Donna Gribben

Suite, Apt., #, etc.

Suite, Apt., #, etc.

380 Fishermans Way

380 Fishermans Way

City & State

City & State

Jupiter

Jupiter

Zip
33477

Country
USA

Zip
33477

Country
USA

4. FEI Number

NOT APPLICABLE

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

WATTERSON, HYLAND, BAIRD & KLETT P.A.
11380 PROSPERITY FARMS RD.
SUITE 112
PALM BCH. GARDENS FL 33410

Name

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

City

FL

Zip Code

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.

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

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 **PD** Delete
 NAME **FRASER, ARTHUR**
 STREET ADDRESS **131 FISHERMAN'S WAY**
 CITY-ST-ZIP **JUPITER FL 33477**

TITLE *Pres* Change Addition
 NAME **PAUL CHANEY**
 STREET ADDRESS **378 FISHERMAN'S WAY**
 CITY-ST-ZIP **JUPITER FL 33477**

TITLE **VPD** Delete
 NAME **DONALD L. BRADY**
 STREET ADDRESS **2918 29TH CT**
 CITY-ST-ZIP **JUPITER FL 33477**

TITLE *VP* Change Addition
 NAME **CHARLENE FRASER**
 STREET ADDRESS **131 FISHERMAN'S WAY**
 CITY-ST-ZIP **JUPITER FL 33477**

TITLE **STD** Delete
 NAME **STEBBINS, PAT**
 STREET ADDRESS **354 FISHERMAN WAY**
 CITY-ST-ZIP **JUPITER FL 33477**

TITLE *Treasurer* Change Addition
 NAME **DONNA GRIBBEN**
 STREET ADDRESS **P.O. BOX 3060**
 CITY-ST-ZIP **TEQUESTA, FL 33469**

TITLE **D** Delete
 NAME **KRISE, RONALD**
 STREET ADDRESS **2002 S A1A APT 1002**
 CITY-ST-ZIP **JUPITER FL 33470**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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 empowerments.

SIGNATURE: _____

SIGNATURE OF RECOGNIZED Gribben

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5-1-00

Date

Daytime Phone #

CR2E037 (9/99)