

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 27, 2002 8:00 am
Secretary of State

05-27-2002 90370 004 ****61.25

DOCUMENT # N32346

1. Entity Name

WATER'S EDGE ESTATES OWNERS ASSOCIATION, INC.

Principal Place of Business

Mailing Address

~~% DONNA GRIBBEN
 330 FISHERMANS WAY
 JUPITER FL 33477
 US~~

~~% DONNA GRIBBEN
 380 FISHERMANS WAY
 JUPITER FL 33477
 US~~

2. Principal Place of Business

3. Mailing Address

**291 FISHERMANS WAY
 SUITE APT. #, etc. JUPITER
 CITY & STATE FL**

**291 FISHERMANS WAY
 SUITE APT. #, etc. JUPITER
 CITY & STATE FL**



DO NOT WRITE IN THIS SPACE

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.
 1380 PROSPERITY FARMS RD.
 SUITE 112
 PALM BCH. GARDENS FL 33410**

**JAY LEVINE PA
 3300 PGA BLVD
 # 970**

Name **JAY LEVINE PA**
 Street Address (P.O. Box Number is Not Acceptable) **3300 PGA BLVD # 970**
 City **PALM BCH GDN S FL** Zip Code **33410**

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

Jay Levine

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered agent signature required when reinstating)

4-26-02

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	STD	<input checked="" type="checkbox"/> Delete
NAME	STEBBINS, PAT	
STREET ADDRESS	354 FISHERMAN WAY	
CITY-ST-ZIP	JUPITER FL 33477	
TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	CHANEY, PAUL	
STREET ADDRESS	378 FISHERMANS WAY	
CITY-ST-ZIP	JUPITER FL 33477	
TITLE	TD	<input checked="" type="checkbox"/> Delete
NAME	GRIBBEN, DONNA	
STREET ADDRESS	P O BOX 3060	
CITY-ST-ZIP	TEQUESTA FL 33469	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	TD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	CHERYL KERAMINICUS	
STREET ADDRESS	FISHERMANS WAY	
CITY-ST-ZIP	JUPITER FL 33477	
TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DAN DIAG DYLE	
STREET ADDRESS	181 FISHERMANS WAY	
CITY-ST-ZIP	JUPITER FL 33477	
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	SECRETARY	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	CHARLENE FRASER	
STREET ADDRESS	131 FISHERMANS WAY	
CITY-ST-ZIP	JUPITER FL 33477	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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 former like empowered.

SIGNATURE:

[Signature]
REQUIRED PRES. DAN DYLE 561 9619

CR2E037 (9/01)