

FILE NOW: FILING FEE IS \$61.25

FILED

Feb 04 1997 8:00am  
Secretary of StateNONPROFIT  
CORPORATION  
ANNUAL REPORT  
**1997**FLORIDA DEPARTMENT OF STATE  
**Sandra B. Mortham**  
Secretary of State  
DIVISION OF CORPORATIONS**DOCUMENT # N49011 (2)**

1. Corporation Name

**WATER'S EDGE OF TAMARAC HOMEOWNERS' ASSOCIATION, INC.**

Principal Place of Business

Mailing Address

**5900 NW 93RD TERRACE  
TAMARAC FL 33321  
US****5900 NW 93RD TERRACE  
TAMARAC FL 33321-4137  
US**3. Date Incorporated or Qualified  
**05/21/1992**3a. Date of Last Report  
**07/19/1996**4. FEI Number  
**65-0408741**

Applied For

Not Applicable

5. Certificate of Status Desired ☐**\$8.75 Additional  
Fee Required**6. Election Campaign Financing  
Trust Fund Contribution ☐**\$5.00 May Be  
Added to Fees**8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City &amp; State

City &amp; State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**COSTA, BILL  
5930 NW 93RD TERRACE  
TAMARAC FL 33321**

81 Name

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

83

84 City

**FL**

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	SANTUCCI, PAUL	
STREET ADDRESS	5920 NW 93RD TERR.	
CITY - ST - ZIP	TAMARAC FL 33321	

1.1 TITLE	PD	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	DON McMAHON	
1.3 STREET ADDRESS	5962 NW 93 TERR	
1.4 CITY - ST - ZIP	TAMARAC FL 33321	

TITLE	VPD	<input type="checkbox"/> DELETE
NAME	FIORIE, SAL	
STREET ADDRESS	5910 NW 93 TERR	
CITY - ST - ZIP	TAMARAC FL 33321	

2.1 TITLE	<del>SANDY BOLD</del>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY - ST - ZIP		

TITLE	<del>VPD</del>	<input type="checkbox"/> DELETE
NAME	COSTA, ANITA	
STREET ADDRESS	5930 NW 93RD TERR.	
CITY - ST - ZIP	TAMARAC FL 33321	

3.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	SANDY BOLD	
3.3 STREET ADDRESS	5938 NW 93 TERR	
3.4 CITY - ST - ZIP	TAMARAC FL 33321	

TITLE	TD	<input type="checkbox"/> DELETE
NAME	LAWSON, PAT	
STREET ADDRESS	5928 NW 93RD TERR.	
CITY - ST - ZIP	TAMARAC FL	

4.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	JOE BONILLA	
4.3 STREET ADDRESS	5934 NW 93 TERR	
4.4 CITY - ST - ZIP	TAMARAC FL 33321	

TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

5.1 TITLE	SD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	ANNE PATO	
5.3 STREET ADDRESS	5908 NW 93 TERR	
5.4 CITY - ST - ZIP	TAMARAC FL 33321	

TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
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:

Pat Lawson, PAT LAWSON, TREAS D.

Date

Daytime Phone # 0038952

CR2E037 (9/96)