

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Mar 25, 1999 8:00 am
Secretary of State

03-25-1999 90006 013 ****61.25

DOCUMENT # N49011

1. Corporation Name

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

Principal Place of Business

5900 NW 93RD TERRACE
TAMARAC FL 33321
US

Mailing Address

5900 NW 93RD TERRACE
TAMARAC FL 33321
US



2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

Country

24

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

29

30

3. Date Incorporated or Qualified

05/21/1992

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

9. Name and Address of Current Registered Agent

MCMAHON, DON
5962 NW 93 TERR
TAMARAC FL 33321

10. Name and Address of New Registered Agent

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 DON MCMAHON, VPD

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

(NOTE: Registered Agent signature required when reinstating)

DATE

3-15-99

12. OFFICERS AND DIRECTORS

TITLE PD
NAME MCMAHON, DON
STREET ADDRESS 5962 NW 93RD TERR
CITY-ST-ZIP TAMARAC FL

☐ DELETE

TITLE VPD
NAME FIORE, SAL
STREET ADDRESS 5910 NW 93 TERR
CITY-ST-ZIP TAMARAC FL 33321

☐ DELETE

TITLE VPD
NAME COSTA, ANITA
STREET ADDRESS 5930 NW 93RD TERR.
CITY-ST-ZIP TAMARAC FL

☐ DELETE

TITLE TD
NAME LAWSON, PAT
STREET ADDRESS 5928 NW 93RD TERR.
CITY-ST-ZIP TAMARAC FL

☐ DELETE

TITLE D
NAME BOLD, SANDY
STREET ADDRESS 5938 NW 93RD TERR
CITY-ST-ZIP TAMARAC FL

☒ DELETE

TITLE SD
NAME PATO, ANNE
STREET ADDRESS 5908 NW 93RD TERR
CITY-ST-ZIP TAMARAC FL

☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE PD ☒ Change ☐ Addition
1.2 NAME Sal Fiore
1.3 STREET ADDRESS 5910 NW 93 Terr
1.4 CITY-ST-ZIP Tamarac, FL 33321

2.1 TITLE VPD ☒ Change ☐ Addition
2.2 NAME Don McMahon
2.3 STREET ADDRESS 5962 NW 93 Terr
2.4 CITY-ST-ZIP Tamarac, FL 33321

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
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, with all other like empowered.

SIGNATURE:

Pats Lawson REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3-15-99 954-720-1003

CR2E037 (11/98)