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Jul 02 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT **1998**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N97000001091 (4)

1. Corporation Name

WATER'S EDGE AT PARKLAND HOMEOWNERS ASSOCIATION, INC.

Principal Place of Business	Mailing Address
1350 EAST NEWPORT CENTER DRIVE SUITE 200 DEERFIELD BEACH FL 33442	1350 EAST NEWPORT CENTER DRIVE SUITE 200 DEERFIELD BEACH FL 33442

3. Date Incorporated or Qualified: 02/26/1997

4. FEI Number: 650741596 ☐ Applied For ☐ Not Applicable

2. Principal Place of Business — 21
Suite, Apt. #, etc. — 22
City & State — 23
Zip — 24 Country — 25

2a. Mailing Address — 26
Suite, Apt. #, etc. — 27
City & State — 28
Zip — 29 Country — 30

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

7. Is this nonprofit corporation a homeowners association? ☐ Yes ☐ No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

PULTE HOME CORPORATION
1350 EAST NEWPORT CENTER DRIVE
SUITE 200
DEERFIELD BEACH FL 33442

10. Name and Address of New Registered Agent

81 Name: Community Association Services
82 Street Address (P.O. Box Number is Not Acceptable): 951 Broken Sound Parkway 250
83
84 City: Boca Raton FL 85 Zip Code: 33487

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	☐ DELETE	1.1 TITLE	DVP	☐ Change ☑ Addition
NAME	SAN JOSE, TIRSO		1.2 NAME	REEGER, STEVE	
STREET ADDRESS	1350 E NEWPORT CENTER DR, #200		1.3 STREET ADDRESS	1350 E. NEWPORT CENTER DR #200	
CITY-ST-ZIP	DEERFIELD BEACH FL 33442		1.4 CITY-ST-ZIP	DEERFIELD BEACH FL 33442	
TITLE	VP	☑ DELETE	2.1 TITLE	DP	☑ Change ☐ Addition
NAME	VECCHARELLA, VINCENT		2.2 NAME	VECCHARELLA, VINCENT	
STREET ADDRESS	1350 E NEWPORT CENTER DR, #200		2.3 STREET ADDRESS	1350 E. NEWPORT CENTER DR #200	
CITY-ST-ZIP	DEERFIELD BEACH FL 33442		2.4 CITY-ST-ZIP	DEERFIELD BEACH, FL 33442	
TITLE	STD	☐ DELETE	3.1 TITLE	TO REMAIN	☐ Change ☐ Addition
NAME	HOLM, DRUSILLA		3.2 NAME		
STREET ADDRESS	1350 E NEWPORT CENTER DR, #200		3.3 STREET ADDRESS		
CITY-ST-ZIP	DEERFIELD BEACH FL 33442		3.4 CITY-ST-ZIP		
TITLE		☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME			4.2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY-ST-ZIP		
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E037 (10/97)

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: _____