

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # 718653 (9)

1. Corporation Name

WATER'S EDGE ASSOCIATION INC.

Principal Place of Business

**100 EDGEWATER DRIVE
CORAL GABLES FL 33133-6937**

Mailing Address

**100 EDGEWATER DRIVE
CORAL GABLES FL 33133-6937**



3. Date Incorporated or Qualified

06/11/1970

3a. Date of Last Report

02/06/1995

4. FEI Number

59-1300481

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 & State

City & 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

**SKRLD, INC.
201 ALHAMBRA CIRCLE, STE. 1102
MIAMI FL 33134**

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	DP	<input checked="" type="checkbox"/> DELETE
NAME	HERTEL, CATHERINE	
STREET ADDRESS	100 EDGEWATER DRIVE #304	
CITY-ST-ZIP	CORAL GABLES FL 33133	
TITLE	DVP	<input checked="" type="checkbox"/> DELETE
NAME	SHELTON, BETTY	
STREET ADDRESS	100 EDGEWATER DRIVE #310	
CITY-ST-ZIP	CORAL GABLES FL 33133	
TITLE	DT	<input type="checkbox"/> DELETE
NAME	PELL, ARTHUR	
STREET ADDRESS	100 EDGEWATER DRIVE #115	
CITY-ST-ZIP	CORAL GABLE FL 33133	
TITLE	DS	<input checked="" type="checkbox"/> DELETE
NAME	HAUSER, SETH	
STREET ADDRESS	100 EDGEWATER DRIVE #303	
CITY-ST-ZIP	CORAL GABLES FL 33133	
TITLE	D	<input type="checkbox"/> DELETE
NAME	BRODATZ, LILLIAN	
STREET ADDRESS	100 EDGEWATER DRIVE #226	
CITY-ST-ZIP	CORAL GABLES FL 33133	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	LOWE, JAMES	
STREET ADDRESS	100 EDGEWATER DR., #242	
CITY-ST-ZIP	CORAL GABLES FL 33133	

1.1 TITLE	D/P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	SHELTON, BETTY	
1.3 STREET ADDRESS	100 EDGEWATER DR., #310	
1.4 CITY-ST-ZIP	CORAL GABLES, FL 33133	
2.1 TITLE	DVP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	PAYNE, DAVID	
2.3 STREET ADDRESS	100 EDGEWATER DR., #126	
2.4 CITY-ST-ZIP	CORAL GABLES, FL 33133	
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE	DS	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	RUSSELL, BETTY	
4.3 STREET ADDRESS	100 EDGEWATER DR., #215	
4.4 CITY-ST-ZIP	CORAL GABLE, FL 33133	
5.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	BORG, SHIRLEY	
5.3 STREET ADDRESS	100 EDGEWATER DR., #217	
5.4 CITY-ST-ZIP	CORAL GABLES, FL 33133	
6.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	ROSENEAU, EDITH	
6.3 STREET ADDRESS	100 EDGEWATER DR., #208	
6.4 CITY-ST-ZIP	CORAL GABLES, FL 33133	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: *Betty Shelton* *Betty Shelton* 1/24/96 305/253-4841
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (12/95)