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NONPROFIT
CORPORATION
ANNUAL REPORT
1999



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

DOCUMENT # 770753

1. Corporation Name

WATERS EDGE OF LEE CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business

6010 FOREST BLVD. S.W.
FT. MYERS FL 33908

Mailing Address

6010 FOREST BLVD. S.W.
FT. MYERS FL 33908



2. Principal Place of Business

21

2a. Mailing Address

26

3. Date Incorporated or Qualified

10/17/1983

Suite, Apt. #, etc.

Suite, Apt. #, etc.

4. FEI Number

59-2516870

Applied For

Not Applicable

City & State

City & State

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

Zip

Country

Zip

Country

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

ARMSTRONG, KENNETH
6010 FOREST BLVD. S.W.
FORT MYERS FL 33908

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 ST ☐ DELETE
NAME BENNETT, EDWARD J
STREET ADDRESS 16644 WATERS EDGE COURT
CITY-ST-ZIP FT. MYERS FL

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

TITLE PD ☐ DELETE
NAME LEE, BYRON
STREET ADDRESS 16701 WATERS EDGE COURT
CITY-ST-ZIP FT. MYERS FL

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

TITLE VPD ☐ DELETE
NAME DER HAGOPIAN, JACOB
STREET ADDRESS 16627 WATERS EDGE COURT
CITY-ST-ZIP FT. MYERS FL

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

TITLE D ☐ DELETE
NAME WEYANT, CHARLES
STREET ADDRESS 16627 WATERS EDGE CT
CITY-ST-ZIP FT MYERS FL

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

TITLE P ☒ DELETE
NAME DERHAGOPIAN, JACOB
STREET ADDRESS 16580 WATERS EDGE CT 202
CITY-ST-ZIP FT MYERS FL

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

TITLE D ☐ DELETE
NAME COLLEY, ORRIN
STREET ADDRESS 16606 WATERS EDGE CT, #202
CITY-ST-ZIP FORT MYERS FL

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (1/98)