


**2004 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 12, 2004 08:00 AM**  
**Secretary of State**

|  |   |
|--|---|
| <b>DOCUMENT # 771191</b>   |  |
| 1. Entity Name<br><b>WATER'S EDGE OF CAPE CORAL II CONDOMINIUM<br/>ASSOCIATION, INC.</b> |   |

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|--|--|
| Principal Place of Business<br><b>1141 GLEASON PARKWAY<br/>103<br/>CAPE CORAL, FL 33914 US</b> | Mailing Address<br><b>1141 GLEASON PARKWAY<br/>103<br/>CAPE CORAL, FL 33914 US</b> |
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04012004 No Chg-NP CR2E037 (10/03)

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| 4. FEI Number<br><b>NOT APPLICABLE</b> | Applied For<br><input type="checkbox"/> Not Applicable |
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|   |   |
|---|---|
| 5. Certificate of Status Desired <input type="checkbox"/> | <b>\$8.75 Additional<br/>Fee Required</b> |
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|---|
| 6. Name and Address of Current Registered Agent<br><br><b>HEUER, AUGUST F.<br/>1141 GLEASON PARKWAY<br/>APT. 103<br/>CAPE CORAL, FL 33914</b> |
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8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE: *August F Heuer* 4-8-04  
Signature typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

**Filing Fee is \$61.25  
Due by May 1, 2004**

|   |  |
|---|--|
| 9. Election Campaign Financing<br>Trust Fund Contribution. <input type="checkbox"/> | <b>\$5.00 May Be<br/>Added to Fees</b> |
|---|--|

000000110683  
04/12/04-80092-024 61.25

| 10. OFFICERS AND DIRECTORS                     |   |
|--|---|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | PD<br>GREEN, DONALD G<br>1135 GLEASON PARKWAY APT 101<br>CAPE CORAL, FL 33914 |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | VD<br>JONAS, EUGENE<br>1141 GLEASON PARKWAY UNIT 106<br>CAPE CORAL, FL        |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | STD<br>HEUER, AUGUST F.<br>1141 GLEASON PKWY., APT. 103<br>CAPE CORAL, FL     |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |   |

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IN THIS SPACE**

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *August F Heuer* 4-8-04  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #