FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED
95 MAY -1 AM 10:05
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **L88932** **(3)**

1. Corporation Name
WATER'S EDGE OF ROSEMONT, INC.

Principal Place of Business	Mailing Address
320 N MAIN STE 200 P.O. BOX 8649 ANN ARBOR MI 48107-8649	320 N MAIN STE 200 P.O. BOX 8649 ANN ARBOR MI 48107-8649

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **07/25/1990**
3a. Date of Last Report: **05/01/1994**

2. Principal Place of Business (21) | 2a. Mailing Address (26)
Suite, Apt. #, etc. (22) | Suite, Apt. #, etc. (27)
City & State (23) | City & State (28)
Zip (24) Country (25) | Zip (29) Country (30)

4. FEI Number: **59-1906606** ☐ 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

9. Name and Address of Current Registered Agent

KALEITA, GARY
215 NORTH EOLA DRIVE
ORLANDO FL 32801

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 607.0502 and 607.1508, 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 607.0505, 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	11 TITLE	CHIEF EXECUTIVE OFFICER/DIRECTOR	☒ Change ☐ Addition
NAME	WEISER, RONALD N.	12 NAME	RONALD N. WEISER	
STREET ADDRESS	320 N. MAIN ST.,STE 200	13 STREET ADDRESS	320 N. MAIN ST	
CITY-ST-ZIP	ANN ARBOR MI	14 CITY-ST-ZIP	ANN ARBOR, MI 48104	
TITLE	STD	21 TITLE	PRESIDENT/SECRETARY/TREASURER/DIRECTOR	☒ Change ☐ Addition
NAME	LEAHY, CHARLES	22 NAME	CHARLES E. LEAHY	
STREET ADDRESS	320 N. MAIN ST.,STE 200	23 STREET ADDRESS	320 N. MAIN ST.	
CITY-ST-ZIP	ANN ARBOR MI	24 CITY-ST-ZIP	ANN ARBOR, MI 48104	
TITLE	VAD	31 TITLE		☐ Change ☐ Addition
NAME	BERRIZ, ALBERT M.	32 NAME		
STREET ADDRESS	320 N. MAIN ST., STE 200	33 STREET ADDRESS		
CITY-ST-ZIP	ANN ARBOR MI	34 CITY-ST-ZIP		
TITLE		41 TITLE	ASSISTANT SECRETARY	☒ Change ☐ Addition
NAME		42 NAME	KENNY H. O'MALLEY	
STREET ADDRESS		43 STREET ADDRESS	320 N. MAIN ST	
CITY-ST-ZIP		44 CITY-ST-ZIP	ANN ARBOR, MI 48104	
TITLE		51 TITLE		☐ Change ☐ Addition
NAME		52 NAME		
STREET ADDRESS		53 STREET ADDRESS		
CITY-ST-ZIP		54 CITY-ST-ZIP		
TITLE		61 TITLE		☐ Change ☐ Addition
NAME		62 NAME		
STREET ADDRESS		63 STREET ADDRESS		
CITY-ST-ZIP		64 CITY-ST-ZIP		

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)(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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Charles E. Leahy 4/27/95 (313) 769-8520
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL OR AGENT OR DIRECTOR — Date — Daytime Phone #
Charles E. Leahy, Secretary

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