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PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # L88932 (3)

1. Corporation Name

WATER'S EDGE OF ROSEMONT, INC.

Principal Place of Business

320 N MAIN STE 200
P.O. BOX 8649
ANN ARBOR MI 48107-8649

Mailing Address

320 N MAIN STE 200
P.O. BOX 8649
ANN ARBOR MI 48107-8649



3. Date Incorporated or Qualified
07/25/1990

3a. Date of Last Report
05/01/1995

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

KALEITA, GARY
215 NORTH EOLA DRIVE
ORLANDO FL 32801

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

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 ☐ DELETE

1. 1 TITLE ☒ Change ☐ Addition

NAME PD
WEISER, RONALD N.
STREET ADDRESS 320 N. MAIN ST., STE 200
CITY-ST-ZIP ANN ARBOR MI

2. 1 TITLE C.E.O., DIRECTOR
2. 2 NAME WEISER, RONALD N.
2. 3 STREET ADDRESS 320 N. MAIN ST., SUITE 200
2. 4 CITY-ST-ZIP ANN ARBOR MI 48104

TITLE ☐ DELETE

3. 1 TITLE ☒ Change ☐ Addition

NAME STD
LEAHY, CHARLES
STREET ADDRESS 320 N. MAIN ST., STE 200
CITY-ST-ZIP ANN ARBOR MI

3. 2 NAME SEC. TREAS. PRES. DIRECTOR
3. 3 STREET ADDRESS LEAHY, CHARLES E.
3. 4 CITY-ST-ZIP 320 N. MAIN ST., SUITE 200
ANN ARBOR MI 48104

TITLE ☐ DELETE

4. 1 TITLE ☐ Change ☒ Addition

NAME VAD
BERRIZ, ALBERT M.
STREET ADDRESS 320 N. MAIN ST., STE 200
CITY-ST-ZIP ANN ARBOR MI

4. 2 NAME ASST. SEC.
4. 3 STREET ADDRESS O'MALLEY, PENNY H.
4. 4 CITY-ST-ZIP 320 N. MAIN ST., SUITE 200
ANN ARBOR, MI 48104

TITLE ☐ DELETE

5. 1 TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

5. 2 NAME
5. 3 STREET ADDRESS
5. 4 CITY-ST-ZIP

TITLE ☐ DELETE

6. 1 TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

6. 2 NAME
6. 3 STREET ADDRESS
6. 4 CITY-ST-ZIP

TITLE ☐ DELETE

7. 1 TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

7. 2 NAME
7. 3 STREET ADDRESS
7. 4 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)(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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/30/96 (313) 769-8520

CR2E034 (12/95)