

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 09, 2006 8:00 am
Secretary of State

02-09-2006 90039 040 ****61.25

DOCUMENT # N02000006552

1. Entity Name

WATERS EDGE CONDOMINIUM OWNERS ASSOCIATION, INC.



Principal Place of Business

**590 SANTA ROSA BLVD
FORT WALTON BEACH FL 32548**

Mailing Address

**676 SANTA ROSA BLVD
FORT WALTON BEACH FL 32548**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E037 (10/05)

4. FEI Number

16-1628150

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**NEWMAN JR., RAYMOND F
348 MIRACLE STRIP PARKWAY S.W.
SUITE 7
FORT WALTON BEACH FL 32548**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW: FEE IS \$61.25
Due By May 1, 2006**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE **D** ☐ Delete
NAME **CHEHARDY, LAWRENCE P**
STREET ADDRESS **183 SUAVE RD.**
CITY-ST-ZIP **RIVER RIDGE LA 70123**

TITLE **D** ☒ Delete
NAME **BURNER, VINCE S**
STREET ADDRESS **239 YACHT CLUB DRIVE**
CITY-ST-ZIP **FORT WALTON BEACH FL 32548**

TITLE **D** ☐ Delete
NAME **HENSLEY, BOB VP**
STREET ADDRESS **4391 OLD BAYOU TRAIL**
CITY-ST-ZIP **DESTIN FL 32541**

TITLE **D** ☐ Delete
NAME **MILLER, DAVID M T**
STREET ADDRESS **590 SANTA ROSA BLVD.**
CITY-ST-ZIP **FORT WALTON BEACH FL 32548**

TITLE **D** ☐ Delete
NAME **WILLIAMS, JAMES**
STREET ADDRESS **P.O. BOX 3385**
CITY-ST-ZIP **CLEVELAND TN 37320**

TITLE **D** ☐ Delete
NAME **SAKIS, ACHILLES**
STREET ADDRESS **590 SANTA ROSA BLVD.**
CITY-ST-ZIP **FORT WALTON BEACH FL 32548**

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **D** ☐ Change ☒ Addition
NAME **Klaus Wegner**
STREET ADDRESS **590 Santa Rosa Blvd #616**
CITY-ST-ZIP **Ft. Walton Bch, FL 32548**

TITLE **D** ☐ Change ☒ Addition
NAME **Mary West**
STREET ADDRESS **2052 Valiant Dr.**
CITY-ST-ZIP **Atlanta, GA. 30345**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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: *[Signature]*

2-6-06

550-863-1530x32