

FILE NOW: FILING FEE IS \$61.25

FILED

Apr 17 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
--	---	---

DOCUMENT # **N03997** (6)
1. Corporation Name
WATER'S EDGE OF MEXICO BEACH OWNERS ASSOCIATION, INC.

Principal Place of Business 109 28TH STREET MEXICO BEACH FL 32410	Mailing Address P.O. BOX 1089 PANAMA CITY FL 32402
---	--



3. Date Incorporated or Qualified 07/02/1984	
4. FEI Number 26-4862494	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
7. Is this nonprofit corporation a homeowners association? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

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

9. Name and Address of Current Registered Agent COSTELLO, DEDEE S 300 E. 4TH STREET #308 PANAMA CITY FL 32401

10. Name and Address of New Registered Agent 81 Name Ray Amiraault 82 Street Address (P.O. Box Number is Not Acceptable) 614 GULFAIRE DRIVE 83 ST JOE BEACH 84 City FL 85 Zip Code 32456

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 *Raymond S. Amiraault* DATE **4/3/98**
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS	
TITLE	<input type="checkbox"/> DELETE
NAME	TD HERRING, MATTHEW
STREET ADDRESS	126 D S. 42ND STREET
CITY - ST - ZIP	MEXICO BEACH FL 32410
TITLE	<input type="checkbox"/> DELETE
NAME	SD AMIRAULT, RAY
STREET ADDRESS	614 GULFAIRE DR
CITY - ST - ZIP	ST. JOE BEACH FL
TITLE	<input checked="" type="checkbox"/> DELETE
NAME	PD COSTELLO, DEDEE S
STREET ADDRESS	300 E. 4TH STREET
CITY - ST - ZIP	PANAMA CITY FL 32401
TITLE	<input type="checkbox"/> DELETE
NAME	D Amiraault, Marion
STREET ADDRESS	614 Gulfaire Drive
CITY - ST - ZIP	St Joe Beach FL 32456
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	President
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	D Amiraault, Marion
3.3 STREET ADDRESS	614 Gulfaire Drive
3.4 CITY - ST - ZIP	St Joe Beach, FL 32456
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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.

SIGNATURE: *Deedee S. Costello* DATE: **3/2/98** P50747 ³³⁴

CR2E037 (10/97)