FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

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

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 APR 12 PM 12:12

DOCUMENT # N17893 (1)

1. Corporation Name

WATERS EDGE TOWNHOUSE ASSOCIATION, INC.

Principal Place of Business	Mailing Address
WATER EDGE TOWNHOUSE ASSN. 3325-H EDGEWATER DR. GULF BREEZE FL 32561 US	WATER EDGE TOWNHOUSE ASSN. 3325-E EDGEWATER DR. GULF BREEZE FL 32561 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 11/20/1986
3a. Date of Last Report: 04/28/1994
4. FEI Number: 59-2785075 ☐ Applied For ☐ Not Applicable

2. Principal Place of Business (21)	2a. Mailing Address (26)	5. Certificate of Status Desired ☐	$8.75 Additional Fee Required
Suite, Apt. #, etc. (22)	Suite, Apt. #, etc. (27)	6. Election Campaign Financing Trust Fund Contribution ☐	$5.00 May Be Added to Fees
City & State (23)	City & State (28)	7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐	$68.75 Supplemental Fee Not Required
Zip (24) Country (25)	Zip (29) Country (30)	8. *This corporation has liability for intangible tax under S. 199.032,* Florida Statutes ☐ Yes ☒ No	

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
LEVIN, DIANE 3325-K EDGEWATER DRIVE GULF BREEZE FL 32561	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	SD	11 TITLE	☐ Change ☐ Addition
NAME	LEVIN, DIAN	12 NAME	
STREET ADDRESS	3325-K EDGEWATER DR.	13 STREET ADDRESS	
CITY-ST-ZIP	GULF BREEZE FL	14 CITY-ST-ZIP	
TITLE	T	21 TITLE	☐ Change ☐ Addition
NAME	AUSTIN, CARLA	22 NAME	
STREET ADDRESS	3325-E EDGEWATER DR.	23 STREET ADDRESS	
CITY-ST-ZIP	GULF BREEZE FL	24 CITY-ST-ZIP	
TITLE	PD	31 TITLE	☐ Change ☐ Addition
NAME	MURPHY, SHERYL	32 NAME	
STREET ADDRESS	3325-H EDGEWATER DR.	33 STREET ADDRESS	
CITY-ST-ZIP	GULF BREEZE FL	34 CITY-ST-ZIP	
TITLE	V	41 TITLE	☐ Change ☐ Addition
NAME	DEPHILLIPO, FRANK	42 NAME	
STREET ADDRESS	3325-B EDGEWATER DR.	43 STREET ADDRESS	
CITY-ST-ZIP	GULF BREEZE FL	44 CITY-ST-ZIP	
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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Carla J. Austin-Carla Austin 4/7/95 (904)476-7240
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

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