

FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # N17893 (1)

1. Corporation Name

WATERS EDGE TOWNHOUSE ASSOCIATION, INC.



Principal Place of Business

WATER EDGE TOWNHOUSE ASSN.  
3325-H EDGEWATER DR.  
GULF BREEZE FL 32561  
US

Mailing Address

WATER EDGE TOWNHOUSE ASSN.  
3325-E EDGEWATER DR.  
GULF BREEZE FL 32561  
US

3. Date Incorporated or Qualified  
11/20/1986

3a. Date of Last Report  
04/12/1995

2. Principal Place of Business

2a. Mailing Address

21 3325 Edgewater Drive

26 3325 Edgewater Dr.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 #K

27 #K

City & State

City & State

23 Gulf Breeze, FL

28 Gulf Breeze, FL

Zip Country

Zip Country

24 32561

25 USA

29 32561

30 USA

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 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

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 SD  
NAME LEVIN, DIAN  
STREET ADDRESS 3325-K EDGEWATER DR.  
CITY-ST-ZIP GULF BREEZE FL  
XX DELETE

1.1 TITLE SD  
1.2 NAME Sanchez, Bob  
1.3 STREET ADDRESS 3325-G Edgewater Dr.  
1.4 CITY-ST-ZIP Gulf Breeze, FL. 32561  
XX Change Addition

TITLE T  
NAME AUSTIN, CARLA  
STREET ADDRESS 3325-E EDGEWATER DR.  
CITY-ST-ZIP GULF BREEZE FL  
XX DELETE

2.1 TITLE TD  
2.2 NAME T.J. Simmons-Jones  
2.3 STREET ADDRESS 3325-K Edgewater Dr.  
2.4 CITY-ST-ZIP Gulf Breeze, FL. 32561  
XX Change Addition

TITLE PD  
NAME MURPHY, SHERYL  
STREET ADDRESS 3325-H EDGEWATER DR.  
CITY-ST-ZIP GULF BREEZE FL  
XX DELETE

3.1 TITLE PD  
3.2 NAME DePhillipo, Frank  
3.3 STREET ADDRESS 3325-B Edgewater Dr.  
3.4 CITY-ST-ZIP Gulf Breeze, FL. 32561  
XX Change Addition

TITLE V  
NAME DEPHILLIPO, FRANK  
STREET ADDRESS 3325-B EDGEWATER DR.  
CITY-ST-ZIP GULF BREEZE FL  
XX DELETE

4.1 TITLE VD  
4.2 NAME Hommel, Betty  
4.3 STREET ADDRESS 3325-F Edgewater Dr.  
4.4 CITY-ST-ZIP Gulf Breeze, FL. 32561  
XX Change Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
DELETE

5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP  
Change Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
DELETE

6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP  
Change Addition

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 617, 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

5/28/96

904-479-7036

Date

Daytime Phone #

CR2E037 (12/95)