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FILED

Mar 25 1997 8:00am
Secretary of StateNONPROFIT
CORPORATION
ANNUAL REPORT
1997FLORIDA 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

Mailing Address

3325 EDGEWATER DR.**3325 EDGEWATER DR.****#K****#K****GULF BREEZE FL 32561****GULF BREEZE FL 32561-3374****US****US**3. Date Incorporated or Qualified
11/20/19863a. Date of Last Report
06/05/1996

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

**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	<input type="checkbox"/> DELETE
NAME	SANCHEZ, BOB	
STREET ADDRESS	3325-G EDGEWATER DR.	
CITY - ST - ZIP	GULF BREEZE FL	

1.1 TITLE	SD/VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	SANCHEZ, BOB	
1.3 STREET ADDRESS	3325-G Edgewater Dr	
1.4 CITY - ST - ZIP	Gulf Breeze FL	

TITLE	TD	<input type="checkbox"/> DELETE
NAME	T. J. SIMMONS-JONES	
STREET ADDRESS	3325 -K EDGEWATER DR.	
CITY - ST - ZIP	GULF BREEZE FL	

2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY - ST - ZIP		

TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	DEPHILLIPO, FRANK	
STREET ADDRESS	3325-B EDGEWATER DR.	
CITY - ST - ZIP	GULF BREEZE FL	

3.1 TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	Steve Kling	
3.3 STREET ADDRESS	3325 E Edgewater Dr	
3.4 CITY - ST - ZIP	Gulf Breeze FL	

TITLE	VD	<input checked="" type="checkbox"/> DELETE
NAME	HOMMEL, BETTY	
STREET ADDRESS	3325-F EDGEWATER DR.	
CITY - ST - ZIP	GULF BREEZE FL	

4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY - ST - ZIP		

TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
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		

TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
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 do 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:

T. J. SIMMONS-JONES
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR**3-14-97**

Date

904-479-7036Daytime Phone # **0074144**

CR2E037 (9/96)