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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 MAR 20 PM 2:09

DOCUMENT # N34632 (2)

1. Corporation Name
WATERS EDGE OWNERS ASSOCIATION, INC.

Principal Place of Business	Mailing Address
69 BARRACUDA ST. DESTIN FL 32541	69 BARRACUDA ST. DESTIN FL 32541

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 10/10/1989
3a. Date of Last Report: 03/03/1994
4. FEI Number: 59-3012170 ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ $8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ $68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

9. Name and Address of Current Registered Agent

HEINS, GLENN
112 CRYSTAL BEACH DRIVE
DESTIN FL 32541

10. Name and Address of New Registered Agent

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	D	1.1 TITLE	DIR	☒ Change ☐ Addition
NAME	EVARTS, BRUCE	1.2 NAME	BRUCE PIERSON	
STREET ADDRESS	99 CRYSTAL BEACH DR. Delete	1.3 STREET ADDRESS	92 STINGRAY ST.	
CITY-ST-ZIP	DESTIN FL	1.4 CITY-ST-ZIP	DESTIN, FL 32541	
TITLE	DS	2.1 TITLE	D/P	☒ Change ☐ Addition
NAME	SLIVKO, SHARON	2.2 NAME		
STREET ADDRESS	4507 JOHN AVENUE	2.3 STREET ADDRESS		
CITY-ST-ZIP	DESTIN FL	2.4 CITY-ST-ZIP		
TITLE	DV	3.1 TITLE		☐ Change ☐ Addition
NAME	DE SALVO, DIANE	3.2 NAME		
STREET ADDRESS	3159 HIGHWAY 98 EAST	3.3 STREET ADDRESS		
CITY-ST-ZIP	DESTIN FL	3.4 CITY-ST-ZIP		
TITLE	DP	4.1 TITLE	DIR	☒ Change ☐ Addition
NAME	HEINS, GLENN	4.2 NAME	SUSAN WERNETTE	
STREET ADDRESS	112 CRYSTAL BEACH DR. DEL	4.3 STREET ADDRESS	93 CORA ST	
CITY-ST-ZIP	DESTIN FL 32541	4.4 CITY-ST-ZIP	DESTIN, FL 32541	
TITLE	DT	5.1 TITLE		☐ Change ☐ Addition
NAME	PARKER, HERBERT	5.2 NAME		
STREET ADDRESS	4505 JOHN AVENUE	5.3 STREET ADDRESS		
CITY-ST-ZIP	DESTIN FL 32541	5.4 CITY-ST-ZIP		
TITLE	D	6.1 TITLE		☐ Change ☐ Addition
NAME	PRESCOTT, JEFFREY	6.2 NAME		
STREET ADDRESS	67 BARRACUDA	6.3 STREET ADDRESS		
CITY-ST-ZIP	DESTIN FL 32541	6.4 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: Herbert H. Parker Jr. 3/15/95 904-837-0286
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL OFFICER OR DIRECTOR — Herbert H. Parker — Date — Daytime Phone #

0021414