

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25.)

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # N34632 (2)

1. Corporation Name

WATERS EDGE OWNERS ASSOCIATION, INC.

Principal Place of Business

89 BARRACUDA ST.
DESTIN FL 32541

Mailing Address

89 BARRACUDA ST.
DESTIN FL 32541



3. Date Incorporated or Qualified

10/10/1989

3a. Date of Last Report

03/20/1995

2. Principal Place of Business

2a. Mailing Address

21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.
22	City & State	27	City & State
23	Zip	28	Country
24	Country	29	Zip
25		30	

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

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

HEINS, GLENN
112 CRYSTAL BEACH DRIVE
DESTIN FL 32541

81 Name Pierson, Donna
82 Street Address (P.O. Box Number Is Not Acceptable)
71 Stingray St.
83
84 City DESTIN FL 85 Zip Code 32541

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

Donna J. Pierson

7/29/96

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	D	<input checked="" type="checkbox"/> DELETE
NAME	PIERSON, BRUCE	
STREET ADDRESS	92 STINGRAY ST.	
CITY-ST-ZIP	DESTIN FL	
TITLE	DP	<input checked="" type="checkbox"/> DELETE
NAME	SLIVKO, SHARON	
STREET ADDRESS	4507 JOHN AVENUE	
CITY-ST-ZIP	DESTIN FL	
TITLE	DV	<input type="checkbox"/> DELETE
NAME	DE SALVO, DIANE	
STREET ADDRESS	3159 HIGHWAY 98 EAST	
CITY-ST-ZIP	DESTIN FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	WERNETTE, SUSAN	
STREET ADDRESS	93 COBIA STREET	
CITY-ST-ZIP	DESTIN FL	
TITLE	DT	<input checked="" type="checkbox"/> DELETE
NAME	PARKER, HERBERT	
STREET ADDRESS	4505 JOHN AVENUE	
CITY-ST-ZIP	DESTIN FL 32541	
TITLE	D	<input type="checkbox"/> DELETE
NAME	PRESCOTT, JEFFREY	
STREET ADDRESS	87 BARRACUDA	
CITY-ST-ZIP	DESTIN FL 32541	

1.1 TITLE	DS	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	Pierson, Donna	
1.3 STREET ADDRESS	71 STINGRAY ST.	
1.4 CITY-ST-ZIP	DESTIN, FL. 32541	
2.1 TITLE	DT	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	Zisenlaw George	
2.3 STREET ADDRESS	98 STINGRAY ST.	
2.4 CITY-ST-ZIP	DESTIN, FL 32541	
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	Kathy Kellum	
4.3 STREET ADDRESS	3030 E. Highway 98	
4.4 CITY-ST-ZIP	DESTIN, FL. 32541	
5.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	Pat Malloy	
5.3 STREET ADDRESS	4070 Indian Trail	
5.4 CITY-ST-ZIP	DESTIN, FL. 32541	
6.1 TITLE	DP	<input checked="" 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 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:

Donna J. Pierson

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/29/96

Date

(904) 654-0671

Daytime Phone #

CR2E037 (3/96)