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Feb 18 1997 8:00am
Secretary of State

NONPROFIT
CORPORATION
ANNUAL REPORT
1997



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 32541-3606



3. Date Incorporated or Qualified
10/10/1989

3a. Date of Last Report
08/02/1996

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

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

PIERSON, DONNA
71 STINGRAY STREET
DESTIN FL 32541

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 DS ☐ DELETE

NAME
PIERSON, DONNA
STREET ADDRESS
71 STINGRAY STREET
CITY-ST-ZIP
DESTIN FL

TITLE ST ☐ DELETE

NAME
EISENLAU, GEORGE
STREET ADDRESS
98 STINGRAY STREET
CITY-ST-ZIP
DESTIN FL

TITLE DV ☐ DELETE

NAME
DE SALVO, DIANE
STREET ADDRESS
3159 HIGHWAY 98 EAST
CITY-ST-ZIP
DESTIN FL

TITLE D ☐ DELETE

NAME
KELLUM, KATHY
STREET ADDRESS
3030 E HWY 98
CITY-ST-ZIP
DESTIN FL

TITLE D ☐ DELETE

NAME
MALLOY, PAT
STREET ADDRESS
4070 INDIAN TRAIL
CITY-ST-ZIP
DESTIN FL

TITLE DP ☐ DELETE

NAME
PRESCOTT, JEFFREY
STREET ADDRESS
87 BARRACUDA
CITY-ST-ZIP
DESTIN FL

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ 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:

Donna Pierson

2/11/97 (904) 654-0671

CR2E037 (9/96)