

# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N34632

FILED  
Feb 12, 2004  
Secretary of State

Entity Name: WATERS EDGE OWNERS ASSOCIATION, INC.

**Current Principal Place of Business:**

89 BARRACUDA ST  
DESTIN, FL 32541

**New Principal Place of Business:**

**Current Mailing Address:**

89 BARRACUDA ST  
DESTIN, FL 32541

**New Mailing Address:**

FEI Number: 59-3012170

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

SKARUPA, MARC  
100 STINGRAY ST  
DESTIN, FL 32541 US

**Name and Address of New Registered Agent:**

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE:

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete  
Name: SKARUPA, MARC  
Address: 100 STINGRAY ST  
City-St-Zip: DESTIN, FL 32541

Title: VPD ( ) Delete  
Name: STREACKER, PAM  
Address: 4504 JOHN STREET  
City-St-Zip: DESTIN, FL 32541

Title: SD ( ) Delete  
Name: SENKOFF, JAIMI  
Address: 76 STINGRAY STREET  
City-St-Zip: DESTIN, FL 32541

Title: TD ( ) Delete  
Name: SKARUPA, FERN  
Address: 100 STINGRAY STREET  
City-St-Zip: DESTIN, FL 32541

Title: D ( ) Delete  
Name: EISENLAU, BETTY  
Address: 98 STINGRAY ST  
City-St-Zip: DESTIN, FL 32541

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: PD (X) Change ( ) Addition  
Name: JOHNSON, RALPH W  
Address: 4501 LUKE AVE.  
City-St-Zip: DESTIN, FL 32541

Title: VPD (X) Change ( ) Addition  
Name: SKARUPA, MARC  
Address: 100 STINGRAY ST.  
City-St-Zip: DESTIN, FL 32541

Title: SD (X) Change ( ) Addition  
Name: JOHNSON, MARY A  
Address: 4501 LUKE AVE.  
City-St-Zip: DESTIN, FL 32541

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: D (X) Change ( ) Addition  
Name: STREACKER, PAM  
Address: 4504 JOHN AVE.  
City-St-Zip: DESTIN, FL 32541

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: FERN SKARUPA

TD

02/12/2004

Electronic Signature of Signing Officer or Director

Date