
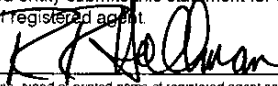


# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Feb 09, 2005 8:00 am**  
**Secretary of State**

02-09-2005 90053 011 \*\*\*\*61.25

<b>DOCUMENT # N34632</b>					
1. Entity Name <b>WATERS EDGE OWNERS ASSOCIATION, INC.</b>					
Principal Place of Business <b>89 BARRACUDA ST DESTIN FL 32541</b>			Mailing Address <b>89 BARRACUDA ST DESTIN FL 32541</b>		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number <b>59-3012170</b>	
				Applied For Not Applicable	
				5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>SKARUPA, MARC 100 STINGRAY ST DESTIN FL 32541</b>				7. Name and Address of New Registered Agent Name <b>RON HALLMAN</b> Street Address (P.O. Box Number is Not Acceptable) <b>91 CRYSTAL BEACH DR</b> City <b>DESTIN</b> FL <b>32541</b>	
8. 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE  <b>R.R. HALLMAN</b> DATE <b>2/3/05</b> <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small>					
<b>FILE NOW: FEE IS \$61.25 Due By May 1, 2005</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		<b>Make Check Payable to Florida Department of State</b>	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD JOHNSON, RALPH W 4501 LUKE AVE. DESTIN FL 32541 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P/D ANGIE HALLMAN 91 CRYSTAL BEACH DR DESTIN, FL 32541 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD SKARUPA, MARC 100 STINGRAY ST. DESTIN FL 32541 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	V/D ROBERT FORD 4503 JOHN AVE DESTIN, FL 32541 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD JOHNSON, MARY A 4501 LUKE AVE. DESTIN FL 32541 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	T/D RON HALLMAN 91 CRYSTAL BEACH DR DESTIN, FL 32541 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD SKARUPA, FERN 100 STINGRAY STREET DESTIN FL 32541 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	S TRUDY GOODMAN 77 STINGRAY ST DESTIN, FL 32541 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D STREAKER, PAM 4504 JOHN AVE. DESTIN FL 32541 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	C PAT MALLOY 4510 LUKE AVE DESTIN, FL 32541 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		

12. I 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 report or supplemental reports 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:  **R.R. HALLMAN** DATE **2/3/05** DAYTIME PHONE # **850-654-5442**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR