

**FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00**

**APPROVED AND FILED**

95 MAY -1 PM 2:10

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

CORPORATION  
ANNUAL REPORT  
1995



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

**DOCUMENT # N48043 (6)**  
1. Corporation Name  
**WATERS EDGE AT LAKE CHARLESTON ASSOCIATION, INC.**

Principal Place of Business Mailing Address  
**4965 LE CHALET BLVD. BOYNTON BEACH FL 33437**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **03/25/1992** 3a. Date of Last Report **04/26/1994**

4. FBI Number **APPLIED FOR 65-0337981** Applied For Not Applicable

2. Principal Place of Business 2a. Mailing Address  
**21** **26**

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

Suite, Apt. #, etc. Suite, Apt. #, etc.  
**22** **27**

6. Election Campaign Financing Trust Fund Contribution  **\$5.00 May Be Added to Fees**

City & State City & State  
**23** **28**

7. Nonprofit with IRS 501(c)(3) Tax Exempt Status  **\$68.75 Supplemental Fee Not Required**

Zip Country Zip Country  
**24** **25** **29** **30**

8. This corporation has liability for intangible tax under S. 169.032, Florida Statutes  Yes  No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**BLACK CHARLES**  
**4965 LE CHALET BOULEVARD**  
**BOYNTON BEACH FL 33437**  
**RECEIVED APR 1 8 1995**

**81 Name** *Raymond Carbone*  
**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 607.1600, 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 *[Signature]* *Raymond Carbone* **3-22-95**  
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 **DPR**  
NAME **HAMMERSLEY, WILLIAM**  
STREET ADDRESS **4965 LE CHALET BLVD.**  
CITY-ST-ZIP **BOYNTON BEACH FL**

1.1 TITLE  Change  Addition  
1.2 NAME **VP D Vanderkan, Jack**  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

TITLE **DV**  
NAME **BLACK, CHARLES**  
STREET ADDRESS **4965 LE CHALET BLVD.**  
CITY-ST-ZIP **BOYNTON BEACH FL**

2.1 TITLE  Change  Addition  
2.2 NAME **VP D Becker, Terry**  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

TITLE **DST**  
NAME **RIZZO DOMINIC**  
STREET ADDRESS **4965 LE CHALET BLVD.**  
CITY-ST-ZIP **BOYNTON BEACH FL**

3.1 TITLE  Change  Addition  
3.2 NAME **SD Erger, Shirley**  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

4.1 TITLE  Change  Addition  
4.2 NAME **TD Townes, Richard**  
4.3 STREET ADDRESS **4965 LeChalet Blvd**  
4.4 CITY-ST-ZIP **Boynton Beach FL 33436**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

5.1 TITLE  Change  Addition  
5.2 NAME **Patrick Organ**  
5.3 STREET ADDRESS **7444 Rockbridge Circle**  
5.4 CITY-ST-ZIP **Lake Wales FL 32822**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

6.1 TITLE  Change  Addition  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP **\$ Deposited B-1 Bank**

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 110.07(3)(b), 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: *Jack Vanderkan* **Jack Vanderkan** **3/23/95** **7343122**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #