

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996



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: **4965 LE CHALET BLVD. BOYNTON BEACH FL 33437**
Mailing Address: **4965 LE CHALET BLVD. BOYNTON BEACH FL 33437**

3. Date Incorporated or Qualified: **03/25/1992**
3a. Date of Last Report: **05/01/1995**
4. FEI Number: **65-0337981**
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

2. Principal Place of Business: 21, 22, 23, 24
2a. Mailing Address: 26, 27, 28, 29, 30

9. Name and Address of Current Registered Agent
**CARBONE, RAYMOND
4965 LE CHALET BOULEVARD
BOYNTON BEACH FL 33437**

10. Name and Address of New Registered Agent
81 Name: **COMMUNITY ASSOCIATION SERVICES, INC.**
82 Street Address: **952 BURNING SOUND PARKWAY, SUITE 250**
83 City: **BOCA RATON, FLORIDA 33487**
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, both, in the State of Florida. Such change was authorized by the corporation's board of directors. I, the undersigned, am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

Signature: *Raymond Carbone* (NOTE: Registered Agent Signature required when re-registering) DATE: **4/19/96**

12. OFFICERS AND DIRECTORS

| | | |
|----------------|------------------------|--|
| TITLE | PD | <input checked="" type="checkbox"/> DELETE |
| NAME | VANDERLAAN, JACK | |
| STREET ADDRESS | 4965 LE CHALET BLVD. | |
| CITY-ST-ZIP | BOYNTON BEACH FL | |
| TITLE | VPD | <input checked="" type="checkbox"/> DELETE |
| NAME | BECKER, TERRY | |
| STREET ADDRESS | 4965 LE CHALET BLVD. | |
| CITY-ST-ZIP | BOYNTON BEACH FL | |
| TITLE | SD | <input checked="" type="checkbox"/> DELETE |
| NAME | ERGER, SHIRLEY | |
| STREET ADDRESS | 4965 LE CHALET BLVD. | |
| CITY-ST-ZIP | BOYNTON BEACH FL | |
| TITLE | TD | <input type="checkbox"/> DELETE |
| NAME | TOWNES, RICHARD | |
| STREET ADDRESS | 4965 LE CHALET BLVD | |
| CITY-ST-ZIP | BOYNTON BEACH FL | |
| TITLE | D | <input checked="" type="checkbox"/> DELETE |
| NAME | ORGAN, PATRICK | |
| STREET ADDRESS | 7444 ROCKBRIDGE CIRCLE | |
| CITY-ST-ZIP | LAKE WORTH FL | |
| TITLE | | <input type="checkbox"/> DELETE |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

| | | |
|--------------------|---------------------|--|
| 1.1 TITLE | P/D | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 1.2 NAME | GEORGE NEWMAN | |
| 1.3 STREET ADDRESS | 4465 LE CHALET BLVD | |
| 1.4 CITY-ST-ZIP | BOYNTON BEACH FL | |
| 2.1 TITLE | VP/D | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 2.2 NAME | FRANCES BEHLMAN | |
| 2.3 STREET ADDRESS | 4465 LE CHALET BLVD | |
| 2.4 CITY-ST-ZIP | BOYNTON BEACH FL | |
| 3.1 TITLE | S/D | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 3.2 NAME | ERNESTINE SLOAN | |
| 3.3 STREET ADDRESS | 4465 LE CHALET BLVD | |
| 3.4 CITY-ST-ZIP | BOYNTON BEACH FL | |
| 4.1 TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 4.2 NAME | | |
| 4.3 STREET ADDRESS | | |
| 4.4 CITY-ST-ZIP | | |
| 5.1 TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 5.2 NAME | | |
| 5.3 STREET ADDRESS | | |
| 5.4 CITY-ST-ZIP | | |
| 6.1 TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 6.2 NAME | | |
| 6.3 STREET ADDRESS | | |
| 6.4 CITY-ST-ZIP | | |

900001894729
07/16/95 01106 010
***61.25

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: *Patrick A. Organ* TREAS. DATE: **6/14/96** DAYTIME PHONE: **407 968 1697**

CR2E037 (12/95)

7/16/96