


FILE NOW: FILING FEE IS \$61.25

FILED
May 22 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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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 33436-1405
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3. Date Incorporated or Qualified 03/25/1992	3a. Date of Last Report 07/16/1996
4. FEI Number 65-0337981	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country
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9. Name and Address of Current Registered Agent
**COMMUNITY ASSOCIATION SERVICES, INC.
951 BROKEN SOUND.PKWY.
SUITE 250
BOCA RATON FL 33437**

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	FL

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		DELETED
TITLE	P/D	<input checked="" type="checkbox"/>
NAME	MELMAN, GEORGE	
STREET ADDRESS	4965 LE CHALET BLVD.	
CITY-ST-ZIP	BOYNTON BEACH FL 33437	
TITLE	VP/D	<input type="checkbox"/>
NAME	BEHLMAN, FRANCES	
STREET ADDRESS	4965 LE CHALET BLVD.	
CITY-ST-ZIP	BOYNTON BEACH FL 33437	
TITLE	S/D	<input checked="" type="checkbox"/>
NAME	SLOAN, ERNESTINE	
STREET ADDRESS	4965 LE CHALET BLVD.	
CITY-ST-ZIP	BOYNTON BEACH FL 33437	
TITLE	TD	<input type="checkbox"/>
NAME	TOWNES, RICHARD	
STREET ADDRESS	4965 LE CHALET BLVD	
CITY-ST-ZIP	BOYNTON BEACH FL	
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		Change	Addition
1.1 TITLE	Frances Behlman	<input checked="" type="checkbox"/>	<input type="checkbox"/>
1.2 NAME	7465 Rockbridge Circle		
1.3 STREET ADDRESS	Lake Worth, FL 33467		
1.4 CITY-ST-ZIP			
2.1 TITLE	Richard Townes	<input checked="" type="checkbox"/>	<input type="checkbox"/>
2.2 NAME	7466 Rockbridge Circle		
2.3 STREET ADDRESS	Lake Worth, FL 33467		
2.4 CITY-ST-ZIP			
3.1 TITLE	Donald Erger	<input type="checkbox"/>	<input checked="" type="checkbox"/>
3.2 NAME	7424 Rockbridge Circle		
3.3 STREET ADDRESS	Lake Worth, FL 33467		
3.4 CITY-ST-ZIP			
4.1 TITLE	Terry Becker	<input type="checkbox"/>	<input checked="" type="checkbox"/>
4.2 NAME	7445 Rockbridge Circle		
4.3 STREET ADDRESS	Lake Worth, FL 33467		
4.4 CITY-ST-ZIP			
5.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
5.2 NAME			
5.3 STREET ADDRESS			
5.4 CITY-ST-ZIP			
6.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
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: *Richard R. Behlman, Pres.* 4/24/97
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0042413

CR2E037 (9/96)