

FILE NOW: FILING FEE IS \$61.20

NONPROFIT CORPORATION ANNUAL REPORT 1997



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

FILED

98 OCT 19 AM 10:41
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N 48043
1. Corporation Name
WATER'S EDGE AT LAKE CHARLESTON, INC.

Principal Place of Business Mailing Address
OFFICE OF THE SECRETARY
DONALD V. ERGER
7424 ROCKBRIDGE CIR LAKE WORTH FL 33467

3. Date Incorporated or Qualified 3-25-1992
3a. Date of Last Report 5-97
4. FEI Number 65-033791 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 2a. Mailing Address
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.
22 City & State 27 City & State
23 Zip Country 28 Zip Country
24 25 29 30

9. Name and Address of Current Registered Agent
CARBONE, RAYMOND
951 BROKEN SOUND PARKWAY SUITE 250
BOCA RATON FL 33487

10. Name and Address of New Registered Agent
81 Name ERGER, DONALD V.
82 Street Address (P.O. Box Number is Not Acceptable) 7424 ROCKBRIDGE CIRCLE
83
84 City LAKE WORTH FL 85 Zip Code 33467

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 Donald V. Erger 10/16/98
Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

TITLE	D/P	<input type="checkbox"/> DELETE
NAME	FRANCES BEHLMAN	
STREET ADDRESS	7465 ROCKBRIDGE CIRCLE	
CITY-ST-ZIP	LAKE WORTH FL 33467	
TITLE	D/V/P	<input type="checkbox"/> DELETE
NAME	RICHARD S. TOWNES	
STREET ADDRESS	7468 ROCKBRIDGE CIRCLE	
CITY-ST-ZIP	LAKE WORTH FL 33467	
TITLE	D/T	<input checked="" type="checkbox"/> DELETE
NAME	TERRY BECKER	
STREET ADDRESS	7445 ROCKBRIDGE CIRCLE	
CITY-ST-ZIP	LAKE WORTH FL 33467	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	BARRY SMITH	
STREET ADDRESS	7476 ROCKBRIDGE CIRCLE	
CITY-ST-ZIP	LAKE WORTH FL 33467	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	ISSAC PERES	
STREET ADDRESS	7500 ROCKBRIDGE CIRCLE	
CITY-ST-ZIP	LAKE WORTH FL 33467	
TITLE	D	<input type="checkbox"/> DELETE
NAME	JOHN LISCO	
STREET ADDRESS	7456 ROCKBRIDGE CIRCLE	
CITY-ST-ZIP	LAKE WORTH FL 33467	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	ORTENZIO ALBANESE	
1.3 STREET ADDRESS	7448 ROCKBRIDGE CIRCLE	
1.4 CITY-ST-ZIP	LAKE WORTH FL 33467	
2.1 TITLE	D/S	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	DONALD ERGER	
2.3 STREET ADDRESS	7424 ROCKBRIDGE CIRCLE	
2.4 CITY-ST-ZIP	LAKE WORTH FL 33467	
3.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	JOY ST-CLAIR	
3.3 STREET ADDRESS	7457 ROCKBRIDGE CIRCLE	
3.4 CITY-ST-ZIP	LAKE WORTH FL 33467	
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	200002675262--4	
4.3 STREET ADDRESS	-10/29/98--01005--015	
4.4 CITY-ST-ZIP	*****61.25 *****61.25	
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	B 95AR D/20	
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 19.07(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: Donald V. Erger DONALD V. ERGER 10/16/98 561-641-1138
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/96)