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Secretary of State

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NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N48043

1. Corporation Name

WATERS EDGE AT LAKE CHARLESTON ASSOCIATION, INC.

Principal Place of Business OFFICE OF THE SECRETARY-DONALD V. ERGER 7424 ROCK BRIDGE CIRCLE LAKE WORTH FL 33467	Mailing Address OFFICE OF THE SECRETARY-DONALD V. ERGER 7424 ROCK BRIDGE CIRCLE LAKE WORTH FL 33467
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2. Principal Place of Business 21	2a. Mailing Address 26	3. Date Incorporated or Qualified 03/25/1992
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 65-0337981
City & State 23	City & State 28	Applied For Not Applicable
Zip 24	Country 25	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
	Zip 29	Country 30
9. Name and Address of Current Registered Agent		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
ERGER, DONALD V 7424 ROCK BRIDGE CIRCLE LAKE WORTH FL 33467		81 Name	
		82 Street Address (P.O. Box Number is Not Acceptable)	
		83	
		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, 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 (NOTE: Registered Agent signature required when reinstating) DATE 1/5/99

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP BECHLMAN, FRANCES 7465 ROCKBRIDGE CIR LAKE WORTH FL 33467	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition DP BECHLMAN, FRANCES 7465 ROCKBRIDGE CIRCLE LAKE WORTH FL 33467
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVP TOWNES, RICHARD S 7468 ROCKBRIDGE CIR LAKE WORTH FL 33467	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS ERGER, DONALD 7424 ROCKBRIDGE CIR LAKE WORTH FL 33467	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ALBANESE, ORTENZIO 7448 ROCKBRIDGE CIRCLE LAKE WORTH FL 33467	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ST. CLAIR, JOY 7457 ROCKBRIDGE CIRCLE LAKE WORTH FL 33467	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LISCO, JOHN 7456 ROCKBRIDGE CIRCLE LAKE WORTH FL 33467	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

14. 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 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, with all other like empowered.

SIGNATURE: Donald V. Erger SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/5/99 561-641-1138
Date Daytime Phone #

CR2E037 (11/98)