

**2000 UNIFORM BUSINESS REPORT (UBR)**

**DOCUMENT # N48043**

1. Entity Name

**WATERS EDGE AT LAKE CHARLESTON ASSOCIATION, INC.**

**FILED**  
**Apr 22, 2000 8:00 am**  
**Secretary of State**

04-22-2000 90081 043 \*\*\*\*61.25

Principal Place of Business

Mailing Address

OFFICE OF THE SECRETARY-DONALD V. ERGER  
 7424 ROCK BRIDGE CIRCLE  
 LAKE WORTH FL 33467

OFFICE OF THE SECRETARY-DONALD V. ERGER  
 7424 ROCK BRIDGE CIRCLE  
 LAKE WORTH FL 33467-7624



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

*Office of the President*

*7344 Rockbridge Cir*

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

*Lake Worth, FL*

*Lake Worth, FL*

Zip

Country

Zip

Country

*33467*

*U.S.A.*

4. FEI Number

**65-0337981**

Applied For

Not Applicable

5. Certificate of Status Desired

**\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

ERGER, DONALD V  
 7424 ROCK BRIDGE CIRCLE  
 LAKE WORTH FL 33467

Name *Scott A. Stoloff*

Street Address (P.O. Box Number is Not Acceptable)

*300 Australian Ave S.*

*Suite 600*

City *West Palm Beach*

FL

Zip Code *33401*

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.

SIGNATURE

*[Signature]*

*4-17-00*

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW:  
 FEE IS \$61.25**

9. Election Campaign Financing Trust Fund Contribution.

**\$5.00 May Be Added to Fees**

**Make Check Payable to Department of State**

| 10. OFFICERS AND DIRECTORS                     |   |
|--|---|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | DP<br>BEHLMAN, FRANCES<br>7465 ROCKBRIDGE CIR<br>LAKE WORTH FL 33467 <input checked="" type="checkbox"/> Delete     |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | DVP<br>TOWNES, RICHARD S<br>7468 ROCKBRIDGE CIR<br>LAKE WORTH FL 33467 <input type="checkbox"/> Delete              |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | DS<br>ERGER, DONALD<br>7424 ROCKBRIDGE CIR<br>LAKE WORTH FL 33467 <input checked="" type="checkbox"/> Delete        |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | D<br>ALBANESE, ORTENZIO<br>7448 ROCKBRIDGE CIRCLE<br>LAKE WORTH FL 33467 <input checked="" type="checkbox"/> Delete |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | D<br>ST. CLAIR, JOY<br>7457 ROCKBRIDGE CIRCLE<br>LAKE WORTH FL 33467 <input checked="" type="checkbox"/> Delete     |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | D<br>LISCO, JOHN<br>7456 ROCKBRIDGE CIRCLE<br>LAKE WORTH FL 33467 <input checked="" type="checkbox"/> Delete        |

| 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 |  |
|---|--|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | DP<br>Allan Pollock<br>7344 Rockbridge Cir.<br>Lake Worth, FL 33467 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition     |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | DS<br>Audrey Tottser<br>7364 Rockbridge Cir.<br>Lake Worth, FL 33467 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition    |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | DVP<br>Mac Bell<br>7383 Rockbridge Cir.<br>Lake Worth, FL 33467 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition         |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | D<br>Perry Torres<br>7500 Rockbridge Cir.<br>Lake Worth, FL 33467 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition       |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | DT<br>Richard S. Townes<br>7468 Rockbridge Cir.<br>Lake Worth, FL 33467 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

*[Signature]* (Allan Pollock)

*4/21/00 (561) 499-6593*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/99)