

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 19, 2001 8:00 am
Secretary of State

0054622

DOCUMENT # N48043

1. Entity Name

WATERS EDGE AT LAKE CHARLESTON ASSOCIATION, INC.

01-19-2001 90027 011 ****61.25

Principal Place of Business
OFFICE OF THE PRESIDENT
7424 ROCK BRIDGE CIRCLE
LAKE WORTH FL 33467

Mailing Address
7344 ROCKBRIDGE CIRCLE
LAKE WORTH FL 33467
US

A0006890



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
7344 Rockbridge Cir.
 Suite, Apt. #, etc.

3. Mailing Address
 Suite, Apt. #, etc.

City & State
Lake Worth, FL

City & State

4. FEI Number
65-0337981

Applied For
 Not Applicable

Zip
33467 Country
Palm Beach

Zip Country

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
STOLOFF, SCOTT A
500 AUSTRALIAN AVE S
SUITE 600
WEST PALM BEACH FL 33401

7. Name and Address of New Registered Agent
 Name
 Street Address (P.O. Box Number is Not Acceptable)
 City **FL** Zip Code

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 _____ (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 NAME STREET ADDRESS CITY-ST-ZIP	DP POLLOCK, ALLAN 7344 ROCKBRIDGE CIRCLE LAKE WORTH FL 33467 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVP TOWNES, RICHARD S 7468 ROCKBRIDGE CIR LAKE WORTH FL 33467 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS TOTTSER, AUDREY 7364 ROCKBRIDGE CIR LAKE WORTH FL 33467 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVP BELL, MAC 7383 ROCKBRIDGE CIR LAKE WORTH FL 33467 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PERES, PERRY 7500 ROCKBRIDGE CIR LAKE WORTH FL 33467 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT TOWNES, RICHARD S 7468 ROCKBRIDGE CIR LAKE WORTH FL 33467 <input checked="" type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVP David George 7356 Rockbridge Cir. Lake Worth, FL 33467 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT Edward Gruskin 7492 Rockbridge Cir. Lake Worth, FL 33467 <input type="checkbox"/> Change <input checked="" 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: *Allan Pollock* **Allan Pollock (Pres)**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/08/01 (561) 439-6593
 Date Daytime Phone #

CR2E037 (10/00)