

**2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)**


**FILED**  
**May 06, 2004 8:00 am**  
**Secretary of State**

05-06-2004 90159 024 \*\*\*\*61.25

**54052627**



MOORE CR2E037 (11/03)

<b>DOCUMENT # N48043</b>			
1. Entity Name <b>WATERS EDGE AT LAKE CHARLESTON ASSOCIATION, INC.</b>			
Principal Place of Business <b>7344 ROCKBRIDGE CIRCLE LAKE WORTH FL 33467</b>		Mailing Address <b>7344 ROCKBRIDGE CIRCLE LAKE WORTH FL 33467 US</b>	
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
4. FEI Number <b>65-0337981</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent <b>ROSENTHAL, DAVID C C/O PHOENIX MANAGEMENT SERVICES 3082 JOG ROAD LAKE WORTH FL 33467</b>		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> 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. I am familiar with, and accept the obligations of registered agent.			
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____			
<b>FILE NOW: FEE IS \$61.25 Due By May 1, 2004</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
<b>Make Check Payable to Florida Department of State</b>			
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP THAYER, DOUG 7441 ROCKBRIDGE CIRCLE LAKE WORTH FL 33467 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VTD MELMAN, GEORGE 7464 ROCKBRIDGE CIRCLE LAKE WORTH FL 33467 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ALBANESE, SONNY 7448 ROCKBRIDGE CIRCLE LAKE WORTH FL 33467 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<del>ED</del> GRUSKIN, EDWARD 7472 ROCKBRIDGE CIRCLE LAKE WORTH FL 33467 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Behlman, Frances 7465 Rockbridge Circle Lake worth, FL 33467 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LISCO, JOHN 7456 ROCKBRIDGE CIRCLE LAKE WORTH FL 33467 <input type="checkbox"/> Delete	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"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Peterson, Ben 7383 Rockbridge circle 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:** *DOUGLAS THAYER* *Douglas Thayer, Pres.* *5/2/04* *561-968-8504*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

Attachment N48043

574052627

ADDENDUM TO THE 2004 UNIFORM BUSINESS REPORT (UBR)

ADDITIONS TO OFFICERS AND DIRECTORS:

TITLE: SD  CHANGE  ADDITION

NAME: Scribner, Kim

STREET ADDRESS: 7504 Rockbridge Circle

CITY-ST-ZIP Lake Worth, FL 33467

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TITLE:  CHANGE  ADDITION

NAME:

STREET ADDRESS:

CITY-ST-ZIP

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TITLE:  CHANGE  ADDITION

NAME:

STREET ADDRESS:

CITY-ST-ZIP

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TITLE:  CHANGE  ADDITION

NAME:

STREET ADDRESS:

CITY-ST-ZIP