
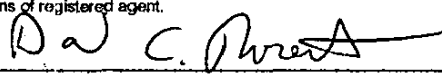



2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 29, 2005 8:00 am**  
**Secretary of State**

04-29-2005 90273 046 \*\*\*\*61.25

<b>DOCUMENT # N48043</b>			
<b>1. Entity Name</b> WATERS EDGE AT LAKE CHARLESTON ASSOCIATION, INC.			
<b>Principal Place of Business</b> <del>7344 ROCKBRIDGE CIRCLE</del> 3082 Jog Rd. <del>LAKE WORTH, FL 33467</del>		<b>Mailing Address</b> <del>7344 ROCKBRIDGE CIRCLE</del> 3082 Jog Rd. <del>LAKE WORTH, FL 33467</del> US	
<b>2. Principal Place of Business</b> Up Phoenix Mgmt. Suite, Apt. #, etc. 3082 Jog Road City & State Lake worth, FL Zip 33467 Country USA		<b>3. Mailing Address</b> Up Phoenix Mgmt. Suite, Apt. #, etc. 3082 Jog Road City & State Lake worth, FL Zip 33467 Country USA	
<b>4. FEI Number</b> 65-0337981		Applied For <input type="checkbox"/> Not Applicable	
<b>5. Certificate of Status Desired</b> <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>	
<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</b> Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
<b>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.</b>			
SIGNATURE  <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>		DATE 4/26/05	
Filing Fee is \$61.25 Due by May 1, 2005		<b>9. Election Campaign Financing Trust Fund Contribution.</b> <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
		Make check payable to Florida Department of State	
<b>10. OFFICERS AND DIRECTORS</b>		<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>	
TITLE <del>DP</del> NAME THAYER, DOUG STREET ADDRESS 7441 ROCKBRIDGE CIRCLE CITY-ST-ZIP LAKE WORTH, FL 33467	<input checked="" type="checkbox"/> Delete	TITLE D NAME Gruskin, Ed STREET ADDRESS 7472 Rockbridge Circle CITY-ST-ZIP LAKE WORTH, FL 33467	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE <del>VD</del> NAME MELMAN, GEORGE STREET ADDRESS 7464 ROCKBRIDGE CIRCLE CITY-ST-ZIP LAKE WORTH, FL 33467	<input checked="" type="checkbox"/> Delete	TITLE TD NAME Carroll, Betty STREET ADDRESS 7396 Rockbridge Circle CITY-ST-ZIP LAKE WORTH, FL 33467	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE D NAME ALBANESE, SONNY STREET ADDRESS 7448 ROCKBRIDGE CIRCLE CITY-ST-ZIP LAKE WORTH, FL 33467	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE <del>D</del> NAME BEHLMAN, FRANCES STREET ADDRESS 7485 ROCKBRIDGE CIRCLE CITY-ST-ZIP LAKE WORTH, FL 33467	<input type="checkbox"/> Delete	TITLE SD NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE <del>D</del> NAME LISCO, JOHN STREET ADDRESS 7456 ROCKBRIDGE CIRCLE CITY-ST-ZIP LAKE WORTH, FL 33467	<input checked="" type="checkbox"/> Delete	TITLE VD NAME Maloney, Dennis STREET ADDRESS 7480 Rockbridge Circle CITY-ST-ZIP LAKE WORTH, FL 33467	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE <del>D</del> NAME PETERSON, BEN STREET ADDRESS 7383 ROCKBRIDGE CIRCLE CITY-ST-ZIP LAKE WORTH, FL 33467	<input checked="" type="checkbox"/> Delete	TITLE PD NAME Scribner, Kim STREET ADDRESS 7504 Rockbridge Circle CITY-ST-ZIP LAKE WORTH, FL 33467	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
<b>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.</b>			
SIGNATURE:  Kimberly L. Scribner <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		DATE 4/22/2005	