


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 08, 2006 8:00 am
Secretary of State

05-08-2006 90301 015 ****61.25

DOCUMENT # N48043					
1. Entity Name WATERS EDGE AT LAKE CHARLESTON ASSOCIATION, INC.					
Principal Place of Business C/O PHEONIX MGMT. 3082 JOG ROAD LAKE WORTH, FL 33467			Mailing Address C/O PHEONIX MGMT. 3082 JOG ROAD LAKE WORTH, FL 33467 US		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number 65-0337981	
				Applied For Not Applicable	
				5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
ROSENTHAL, DAVID C C/O PHOENIX MANAGEMENT SERVICES 3082 JOG ROAD LAKE WORTH, FL 33467			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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee Is \$61.25 Due by May 1, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE	VD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	GRUGKIN, ED		NAME	Martel, Marty	
STREET ADDRESS	7472 ROCKBRIDGE CIRCLE		STREET ADDRESS	7520 Rockbridge Circle	
CITY-ST-ZIP	LAKE WORTH, FL 33467		CITY-ST-ZIP	LAKE WORTH, FL 33467	
TITLE	TD	<input type="checkbox"/> Delete	TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	CARROLL, BETTY		NAME	SCRIBNER, KIM	
STREET ADDRESS	7396 ROCKBRIDGE CIRCLE		STREET ADDRESS	7504 Rockbridge Circle	
CITY-ST-ZIP	LAKE WORTH, FL 33467		CITY-ST-ZIP	LAKE WORTH, FL 33467	
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE	SD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ALBANESE, SONNY		NAME	Salley, Renee	
STREET ADDRESS	7448 ROCKBRIDGE CIRCLE		STREET ADDRESS	7371 Rockbridge Circle	
CITY-ST-ZIP	LAKE WORTH, FL 33467		CITY-ST-ZIP	LAKE WORTH, FL 33467	
TITLE	SD	<input checked="" type="checkbox"/> Delete	TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BEHLMAN, FRANCES		NAME	Barney, Mark	
STREET ADDRESS	7403 ROCKBRIDGE CIRCLE		STREET ADDRESS	7375 Rockbridge Circle	
CITY-ST-ZIP	LAKE WORTH, FL 33467		CITY-ST-ZIP	LAKE WORTH, FL 33467	
TITLE	VD	<input type="checkbox"/> Delete	TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MALONE, DENNIS		NAME	Maloney	
STREET ADDRESS	7480 ROCKBRIDGE CIRCLE		STREET ADDRESS		
CITY-ST-ZIP	LAKE WORTH, FL 33467		CITY-ST-ZIP		
TITLE	PD	<input checked="" type="checkbox"/> Delete	TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SCRIBNER, KIM		NAME	Schreiber, Ron	
STREET ADDRESS	7504 ROCKBRIDGE CIRCLE		STREET ADDRESS	7476 Rockbridge Circle	
CITY-ST-ZIP	LAKE WORTH, FL 33467		CITY-ST-ZIP	LAKE WORTH, FL 33467	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: <u>Dennis Maloney</u>			4/27/06 561-967-8228		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<small>Date Daytime Phone #</small>		

