2000 UNIFORM BUSINESS REPORT (UBR)

FILED Jan 12, 2000 8:00 am Secretary of State DOCUMENT # **N96000003364** 1. Entity Name WATER'S EDGE PROPERTY OWNERS' ASSOCIATION, INC. 01-12-2000 90084 030 ****61.25 Principal Place of Business Mailing Address 2581 N.W. 36TH STREET 2581 N.W. 36TH STREET BOCA RATON FL 33434-3465 **BOCA RATON FL 33434** 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State 4. FEI Number City & State 65-0030351 Not Applicable Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) JUDGE, JOSEPH D JR. 2581 N.W. 36TH STREET **BOCA RATON FL 33434** 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 DATE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing Make Check Payable to \$5.00 May Be **FILE NOW:** П Trust Fund Contribution. Added to Fees **Department of State FEE IS \$61.25** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 10. 11. ☐ Change Addition TITLE Delete TITLE JUDGE, JOSEPH D JR. NAME NAME STREET ADDRESS STREET ADDRESS 2581 N.W. 36TH STREET CITY-ST-ZIP CITY-ST-ZIP **BOCA RATON FL 33434** Addition TITLE ☐ Delete ☐ Change D NAME MACOMBER, JAMES STREET ADDRESS STREET ADDRESS **451 WATERS DRIVE** CITY-ST-ZIP CITY-ST-ZIP FORT PIERCE FL 34946 TITLE ☐ Change ☐ Addition ☐ Delete TITLE COLLINS, MOSELEY C NAME STREET ADDRESS STREET ADDRESS 107 S.W. 17TH STREET CITY-ST-ZIP CITY-ST-ZIP OKEECHOBEE FL 34974 Delete TITLE ☐ Change Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Change ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS

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

CITY-ST-ZIP

CITY-ST-ZIP