


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**

 **FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS**

SECRETARY OF STATE  
DIVISION OF CORPORATIONS

05 FEB 16 PM 2:21

DOCUMENT # N96000003364  
1. Corporation Name  
Water's Edge owners' Association  
on North Hutchison Island, Inc.

300788883673  
03/01/06--01008--011 \*\*\*420.00

CR2E081 (12/05)

2. Principal Office Address  
18 S River Rd

3. Mailing Office Address  
18 S River Rd

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State  
Stuart FL

City & State  
Stuart FL

Zip  
34996

Country  
USA

Zip  
34996

Country  
USA

4. Date Incorporated or Qualified  
To Do Business in Florida 6/24/1996

5. FEI Number  
650030351

Applied For  
Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required  
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name  
Donna MUSSO

Street Address (P.O. Box Number is Not Acceptable)  
18 S River Road

Suite, Apt. #, Etc.

City  
Stuart

State  
FL

Zip Code  
34996

**REINSTATEMENT**

03-06

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of  
Registered Agent

[Signature]

Date 2/13/2006

REGISTERED AGENT MUST SIGN

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
<u>V/H</u>	<u>John MUSSO</u>	<u>18 S River Road</u>	<u>Stuart FL 34996</u>
<u>P/D</u>	<u>Donna MUSSO</u>	<u>18 S River Road</u>	<u>Stuart FL 34996</u>
<u>T</u>	<u>Irene WINKLES</u>	<u>8314 OAK Dr</u>	<u>Ft Pierce FL 34949</u>
<u>S</u>	<u>Robert Rowe</u>	<u>901 Water's Edge Dr</u>	<u>Ft Pierce, FL 34949</u>

10. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption contained in Chapter 119, F.S. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE:

[Signature]

Donna MUSSO

2/13/2006

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

782-27631818

M. Williams FEB 16 2006