

FILE NOW: FILING FEE IS \$61.25

FILED
May 19 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N97000002425 (3)
1. Corporation Name
WATERS EDGE AT PORT ORANGE HOMEOWNERS ASSOCIATIO N, INC.



Principal Place of Business 2359 BEVILLE RD. DAYTONA BEACH FL 32119	Mailing Address 2359 BEVILLE RD. DAYTONA BEACH FL 32119
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3. Date Incorporated or Qualified 04/30/1997	
4. FEI Number 59-3457140	Applied For <input type="checkbox"/> Not Applicable

2. Principal Place of Business 21 100 PLANTATION BAY DR	2a. Mailing Address 26 100 PLANTATION BAY DR
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23 ORMOND BEACH FL	City & State 28 ORMOND BEACH, FL
Zip 24 32174	Country 25 USA
Zip 29 32174	Country 30 USA

5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
7. Is this nonprofit corporation a homeowners association? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent
**HOSSEINI-KARGAR, MORTEZA
2359 BEVILLE RD.
DAYTONA BEACH FL 32119**

10. Name and Address of New Registered Agent
81 Name **NANCY D. HAPIUK**
82 Street Address (P.O. Box Number is Not Acceptable)
100 PLANTATION BAY DR.
83
84 City **ORMOND BEACH FL** 85 Zip Code **32174**

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE *Nancy D. Hapiuk* *Community Assoc. Mgr.* **4-29-98**
Signature typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

TITLE	DP	<input type="checkbox"/> DELETE
NAME	ROSS, DOUGLAS R JR.	
STREET ADDRESS	2359 BEVILLE RD.	
CITY-ST-ZIP	DAYTONA BEACH FL 32119	
TITLE	DV	<input type="checkbox"/> DELETE
NAME	SMITH, DICK	
STREET ADDRESS	2359 BEVILLE RD.	
CITY-ST-ZIP	DAYTONA BEACH FL 32119	
TITLE	DST	<input type="checkbox"/> DELETE
NAME	IRLAND, CHARLENE B	
STREET ADDRESS	2359 BEVILLE RD.	
CITY-ST-ZIP	DAYTONA BEACH FL 32119	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE *[Signature]*

CFR2E037 (10/97)