2E034 (10/00)

2001 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

Feb 21, 2001 8:00 am DOCUMENT # P00000086696 **Secretary of State** 1. Entity Name WATER'S EDGE AT THE BAHAMA, INC. 02-21-2001 90006 041 ***150.00 Principal Place of Business Mailing Address 2200 CORPORATE BLVD NW. STE 401 2200 CORPORATE BLVD NW. STE 401 **BOCA RATON FL 33431** BOCA RATON FL 33431 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 65-1038784 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent HCRM CORP. Street Address (P.O. Box Number is Not Acceptable) 2200 CORPORATE BLVD NW, STE 401 **BOCA RATON FL 33431** City 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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. 12. ☐ Change XX Addition TITLE ☐ Delete TITLE DPST NAME BALDINI, SYLVIA STREET ADDRESS STREET ADDRESS 2200 CORPORATE BLVD. N.W., SUITE 401 CITY-ST-ZIP CITY-ST-ZIP BOCA RATON, FL 33431 VP ☐ Delete TITLE ☐ Change Addition NAME HEPPLE, JAMES STREET ADDRESS STREET ADDRESS 2200 CORPORATE BLVD. N.W., SUITE 401 CITY-ST-ZIP CITY-ST-ZIP BOCA RATON, FL 33431 ☐ Delete ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE ☐ Addition TITLE ☐ Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE TITLE ☐ Change Addition ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 13. 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 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if