

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
**1996**



FLORIDA DEPARTMENT OF STATE  
Sandra B. Martham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # **P95000012496 (2)**

1. Corporation Name

**WATERS EDGE DEVELOPMENT, INC.**



Principal Place of Business

**201 S.E. OSCEOLA ST.  
STUART FL 34996**

Mailing Address

**201 S.E. OSCEOLA ST.  
STUART FL 34996**

2. Principal Place of Business

**21 201 E. Osceola St.**

Suite, Apt. #, etc.

2a. Mailing Address

**26 201 E. Osceola St.**

Suite, Apt. #, etc.

**22**

City & State

**23 Stuart FL**

Zip

**24 34994**

Country

**25 USA**

**27**

City & State

**28 Stuart FL**

Zip

**29 34994**

Country

**30 USA**

9. Name and Address of Current Registered Agent

**MCCARTHY, TERENCE P  
2081 E. OCEAN BLVD.  
2-A  
STUART FL 34996**

3. Date Incorporated or Qualified <b>02/10/1995</b>	3a. Date of Last Report <b>N/A</b>
4. FEI Number <b>165-0563418</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing <input type="checkbox"/>	\$5.00 May Be Added to Fees Trust Fund Contribution
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
10. Name and Address of New Registered Agent	
81 Name <b>MCCARTHY, TERENCE P</b>	
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City <b>FL</b>	85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE <b>PRESIDENT</b>	NAME <b>Robert N. Cooper</b>	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS <b>201 E. Osceola Street</b>	CITY-ST-ZIP <b>Stuart FL 34994</b>		
TITLE	NAME	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	STREET ADDRESS		
CITY-ST-ZIP			
TITLE	NAME	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	STREET ADDRESS		
CITY-ST-ZIP			
TITLE	NAME	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	STREET ADDRESS		
CITY-ST-ZIP			
TITLE	NAME	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	STREET ADDRESS		
CITY-ST-ZIP			
TITLE	NAME	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	STREET ADDRESS		
CITY-ST-ZIP			

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4/30/96 407-286-9000**  
Date  
Daytime Phone #

CR2E034 (12/95)