2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT #

P95000012496

1. Entity Name



FILED Mar 04, 2003 8:00 am Secretary of State

03-04-2003 90060 048 ***150.00

WATERS EDGE DEVELOPMENT, INC.						
Principal Place of Business 201 E OSCEOLA ST STUART FL 34994 US		Mailing Address 201 E OSCEOLA ST STUART FL 34994 US		 	: 31848 (1811 A1848 1811) (286	
2. Principal Place of Business		3. Mailing Address				
Suite, Apt. #, etc.		Suite, Apt. #, etc.		CHECK HERE IF MAKING	G CHANGES	
City & State		City & State		4. FEI Number 65-0563418 Applied For		
Zip Country Z		Zip	P Country		5. Certificate of Status Desired	\$8.75 Additional
	6. Name and Address of Current	Registered Agent	itered Agent		7. Name and Address of New Registered	Fee Required
COOPER, ROBERT N				.Name_	, Name and Address of New Negistered	Agent
	SCEOLA STREET			Street Address (F	P.O. Box Number is Not Acceptable)	
STUART FL 34994						
				City	FL	Zip Code
The above named entity submits this statement for the purpose of changing its registered of the obligations of registered agent.						
SIGNATURE .		``	·			
	Signature, typed or printed name of registered agent	and title if applicable.	(NOTE: Registered	Agent signature required	when reinstating) DATE	
After	ILE NOW!!! FEE IS \$150.00 r May 1, 2003 Fee will be \$550.00 k Payable to Florida Department of	State			9. Election Campaign Financing Trust Fund Contribution. C	\$5.00 May Be Added to Fees
10.	OFFICERS AND	DIRECTORS	11.		ADDITIONS/CHANGES TO OFFICERS AND	DIRECTORS IN 11
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P ROBERT N. COOPER 201 E. OSCEOLA STREET STUART FL	☐ Delete	NAME STREE	j		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-SI-ZIP		☐ Delete	NAME STREE			☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		Delete	NAME	T ADDRESS		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	NAME	T ADDRESS		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	NAME	T ADDRESS ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ertify that the information cupolical with	□ Delete	, CITY-S	l l	ion 119.07(3)(i). Florida Statutes I further certi	Change Addition

indicated on this report or supplemental report is true and accorded and this my signature shall have the same legal effect as if made under oath; that I am an officer or director changed, or on an attachment with an address. In all other the empowered.

SIGNATURE:

SIGNAT SIGNATURE AND TYPED ON PRIN

02-26-03