## FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

**PROFIT** CORPORATION **ANNUAL REPORT** 

1998



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #
1. Corporation Name
WATERS EDGE RE

## **FILED** Jan 16 1998 8:00am Secretary of State

WATERS EUGE REALIT AUVISOR	S, INC.			
Principal Place of Business	Mailing Address			
137 SEVERINO DRIVE	137 SEVERINO DRIVE			
ISLAMORADO FL 33036	ISLAMORADO FL 30036		DO NOT WRITE IN THIS SPACE	
			3. Date Incorporated or Qualified 01/09/1997	
2. Principal Place of Business	2a. Mailing Address		4. FEI Number Applied For	•
21	26		65-0731-724 Not Applicab	le
Suite, Apt. #, etc.	Suite, Apt. #, etc.		5 Certificate of Status Posized \$8.75 Additional	
22	27		Fee Required	
City & State	City & State	0 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	6. Election Campaign Financing \$5.00 May Be	
23 ISLAMORADA	28 ISLA MOK	NUH	Trust Fund Contribution Added to Fees	
Zip Country	Z(P)	Country	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes	
25 25 Name and Address of Current	29   36   Registered Agent	<u> </u>	10. Name and Address of New Registered Agent	
BRONSON, JOYCE M	, iogisto ou rigott	81 Name		
137 SEVERINO DRIVE				_
ISLAMORADO FL 33036		82 Street Addre	ess (P.O. Box Number is Not Acceptable)	
TOLIMIOTATO TE GODOO		83		-
		84 City 5'L	A MORADA FL 85 Zip Code	
11. Pursuant to the provisions of Sections 607.0502	and 607.1508, Florida Statutes,	Bho above-bamed corbo	oravon submits this statement for the burgose of changing its registere	q
office or registered agent, or both, in the State of agent. I am Jamijiar with, and accept the obliga	al Horida. Such change was aut	bonzod by the cornorate	on's board of directors. I hereby accept the appointment as registered	
SIGNATURE JOYNE M. BLOD	war Jas	ICE M. B tegistered Agent signature require	"RANSON 1/5/98	
Signature, typed or printed name of registered agen	cand the Rapplicable (NOTE F	legistered Agrint signature require		
12. OFFICERS AND		13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
NAME BRONSON, JOYCE M	☐ DELETE	1.1 TITLE	L. Change L. Addition	,n
497 CEVEDINO DOIVE		1.2 NAME		
ICI ALIODADO EL 22026		1.3 STREET ADDRESS	SLAMORAD A	
CITY-ST-ZIP ISLAMONADO FE 33030	DELETE	1.4 C(TY - ST - ZIP 2.1 T(H) E	Change Addition	n l
NAME	necene	2.2 NAME	<u> </u>	
STREET ADDRESS		2 3 STREET ADDRESS		-
CITY-ST-ZIP		2. 4 City - \$1 - ZiP		
TITLE	<b>DELETE</b>	3.1 TITLE	Change Addition	n n
NAME	<u>-</u>	3.2 NAME		
STREET ADDRESS		3.3 STREET ADDRESS		
CITY-ST-ZIP		3.4 CITY-ST-ZIP		
TITLE	DELETE	4.1 TITLE	Change 🔲 Addition	10
NAME		4. 2 NAME		
STREET ADDRESS		4.3 STREET ADORESS		
CITY-ST-ZIF		4.4 CITY- \$1-7IP	The second secon	
TITLE	☐ DELETE	5.1 TITLE	Change Addition	ы
NAME		5.2 NAME		
STREET ADDRESS		5.3 STREET ADDRESS		
C)TY-ST-ZIP		5.4 C(1Y-ST-ZIP		
TITLE	LI DELETE	6 1 TITLE	000002404780 ange Addition -01/20/9801061025	w [
NAME		6.2 NAME	-01/50/38010P1052	
STREET ADDRESS		6.3 STREET ADORESS	***150.00 (NV 1~16	
CITY-ST-ZIP	h this fiture does not qualify for t	6.4 C(1)Y · S1 - Z(P)	Section 119 07(3)(i) Florida Statutes I further certify that the information	

Thereby cently that the information supplied with this ming coos not quality or the exemption stated in Section 119.07(3)(), Florida Statutes 1 further certify that find information indicated on this annual report or suppliencental 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.