

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Mar 02, 1999 8:00 am
Secretary of State

03-02-1999 90069 044 ***150.00

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1. Corporation Name

WATERS EDGE REALTY OF PINELLAS, INC.



Principal Place of Business

7340 GULF BLVD.
ST. PETE BEACH FL 33706

Mailing Address

7340 GULF BLVD.
ST. PETE BEACH FL 33706

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

11/12/1998

4. FEI Number

59-3543155

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

\$5.00 May Be
Added to Fees

8. This corporation owes the current year Intangible
Personal Property Tax.

Yes No

2. Principal Place of Business

21 6807 Gulf Blvd

Suite, Apt. #, etc.

22

City & State

23 St. Pete Bch, Florida

Zip

24 33706

Country

25 U.S.A

2a. Mailing Address

26 6807 Gulf Blvd

Suite, Apt. #, etc.

27

City & State

28 St. Pete Bch, Florida

Zip

29 33706

Country

30 U.S.A

9. Name and Address of Current Registered Agent

CHICOURIS, PETER
7340 GULF BLVD.
ST. PETE BEACH FL 33706

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

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

Peter Chicouris PVST

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

(NOTE: Registered Agent signature required when reinstating)

1-21-99

DATE

12. OFFICERS AND DIRECTORS

TITLE PVST ☐ DELETE

NAME CHICOURIS, PETER

STREET ADDRESS 7340 GULF BLVD.

CITY-ST-ZIP ST. PETE BEACH FL 33706

TITLE D ☐ DELETE

NAME CHICOURIS, PETER

STREET ADDRESS 7340 GULF BLVD.

CITY-ST-ZIP ST. PETE BEACH FL 33706

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

☒ Change ☐ Addition

PVST
Chicouris, Peter
6807 Gulf Blvd
St. Pete Beach, FL 33706

☒ Change ☐ Addition

PVST
Chicouris, Peter
6807 Gulf Blvd
St. Pete Beach, FL 33706

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Peter Chicouris
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-21-99

Date

727-363-8326

Daytime Phone #

CR2E034 (11/98)