

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 90070 020 ***150.00

DOCUMENT # P98000096278

1. Corporation Name

WATERS EDGE PROPERTY MANAGEMENT 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

59-3543156

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

24 Zip Country
33706 U.S.A

2a. Mailing Address

26 6807 GULF BLVD

Suite, Apt. #, etc.

27 City & State
28 St. Pete Bch, Florida

29 Zip Country
33706 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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

1-21-99

12. OFFICERS AND DIRECTORS

TITLE PVST
NAME CHICOURIS, PETER
STREET ADDRESS 7340 GULF BLVD.
CITY-ST-ZIP ST. PETE BEACH FL 33706

TITLE D
NAME CHICOURIS, PETER
STREET ADDRESS 7340 GULF BLVD.
CITY-ST-ZIP ST. PETE BEACH FL 33706

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE PVST
1.2 NAME Chicouris, Peter
1.3 STREET ADDRESS 6807 GULF BLVD
1.4 CITY-ST-ZIP St. Pete Beach, FL 33706

2.1 TITLE PVST
2.2 NAME Chicouris, Peter
2.3 STREET ADDRESS 6807 GULF BLVD
2.4 CITY-ST-ZIP St. Pete Beach, FL 33706

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

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1-21-99 727-363-8326

CR2E034 (11/98)