

2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 21, 2005 8:00 am
Secretary of State

02-21-2005 90082 012 ***150.00

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1. Entity Name

WATER'S EDGE REALTY OF OKEECHOBEE, INC.



Principal Place of Business

**301 NE 19TH DRIVE
OKEECHOBEE FL 34972**

Mailing Address

**3385 BURNS ROAD
101
PALM BEACH GARDENS FL 33410**

2. Principal Place of Business

600 Village Square Crossing
Suite, Apt. #, etc.

3. Mailing Address

600 Village Square Crossing
Suite, Apt. #, etc.



1st MOORE

CR2E034 (10/04)

City & State

Palm Beach Gardens, FL

City & State

Palm Beach Gardens, FL

4. FEI Number

65-0904327

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**SCHIFF, THEODORE
301 NE 19TH DRIVE
OKEECHOBEE FL 34972**

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept 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

FILE NOW!!! FEE IS \$150.00

After May 1, 2005 Fee Will Be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE ☐ Delete
NAME **D**
STREET ADDRESS **SCHIFF, THEODORE**
CITY-ST-ZIP **301 NE 19TH DRIVE
OKEECHOBEE FL 34972**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS *600 Village Square Crossing*
CITY-ST-ZIP *Palm Beach Gardens, FL 33410*

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

12. 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 report or supplemental 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 10 or Block 11 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

2/14/05
Date

561-694-9493
Daytime Phone #