

# 2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# N00000002603

FILED  
Apr 28, 2003  
Secretary of State

**Entity Name:** EDGEWATER HARBOR CONDOMINIUM ASSOCIATION, INC.

**Current Principal Place of Business:**

19828 GULF BOULEVARD  
INDIAN SHORES, FL 33785 US

**New Principal Place of Business:**

**Current Mailing Address:**

19828 GULF BOULEVARD  
INDIAN SHORES, FL 33785 US

**New Mailing Address:**

FEI Number: 59-3643237      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

WEST, SHERROD  
19828 GULF BOULEVARD  
UNIT 501  
INDIAN SHORES, FL 33785 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete  
Name: BARR, JAN  
Address: 19828 GULF BOULEVARD # 401  
City-St-Zip: INDIAN SHORES, FL 33785 US

Title: VPD ( ) Delete  
Name: PARSONS, REGINALD  
Address: 1601 W. IRVINE DRIVE  
City-St-Zip: EDMOND, OK 73003 US

Title: STD ( ) Delete  
Name: WEST, SHERROD W  
Address: 19828 GULF BOULEVARD # 501  
City-St-Zip: INDIAN SHORES, FL 33785 US

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JAN BARR

PD

04/28/2003

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date