

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 15, 2004 08:00 AM
Secretary of State

DOCUMENT # N01000004411
 1. Entity Name
WATER'S EDGE AT THE NARROWS CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business Mailing Address
36 GULF BLVD. **36 GULF BLVD.**
INDIAN ROCKS BEACH, FL 33785 **INDIAN ROCKS BEACH, FL 33785**

DO NOT WRITE IN THIS SPACE



04062004 No Chg-NP CR2E037 (10/03)

4. FEI Number Applied For
59-3728792 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
FERNANDEZ, ANTHONY
36 GULF BLVD
UNIT 2
INDIAN ROCKS BEACH, FL 33785

DO NOT WRITE IN THIS SPACE

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is \$61.25
Due by May 1, 2004

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD KELLY, THOMAS 36 GULF BLVD., #1 INDIAN ROCKS BEACH, FL 33785
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VD HEDLER, CHARLES 19717 GULF BLVD #14 INDIAN SHORES, FL 33785
TITLE NAME STREET ADDRESS CITY - ST - ZIP	STD FERNANDEZ, ANTHONY 36 GULF BLVD #2 INDIAN ROCKS BEACH, FL 33785
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

UN0000114678
 04/15/04-80060-009 61.25

DO NOT WRITE IN THIS SPACE

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 617, 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

1/15/04 727-596-9713
Date Daytime Phone #