2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 14, 2005 08:00 AM
Secretary of State

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

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

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01042005 No Chg-NP CR2E037 (10/03)

4. FEI Number
59-3728792
☐ Applied For
☐ 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

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

Filing Fee is $61.25
Due by May 1, 2005

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

10. OFFICERS AND DIRECTORS

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

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01/18/05-80003-007 61.25

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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 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.

X SIGNATURE: Anthony Fernandez 1/10/05
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #