

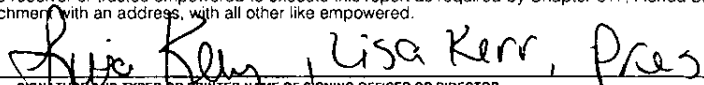


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 09, 2007 8:00 am
Secretary of State

04-09-2007 90081 015 ****61.25

DOCUMENT # N01000004411					
1. Entity Name WATER'S EDGE AT THE NARROWS CONDOMINIUM ASSOCIATION, INC.					
Principal Place of Business 36 GULF BLVD. INDIAN ROCKS BEACH, FL 33785		Mailing Address 36 GULF BLVD. INDIAN ROCKS BEACH, FL 33785			
2. Principal Place of Business - No P.O. Box #		3. Mailing Address 1110 Pinellas Bayway # 207			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State Tierra Verde, FL			
Zip	Country	Zip	Country	4. FEI Number 59-3728792	
33715				Applied For Not Applicable	
6. Name and Address of Current Registered Agent				5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
FERNANDEZ, ANTHONY 36 GULF BLVD UNIT 2 INDIAN ROCKS BEACH, FL 33785				7. Name and Address of New Registered Agent	
				Name Tierra Verde Property Mgmt.	
				Street Address (P.O. Box Number is Not Acceptable) 1110 Pinellas Bayway #207	
				City Tierra Verde	FL Zip Code 33715
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		 SUSAN ROUANZION, Pres. 4/2/07 <small>(NOTE: Registered Agent signature required when reinstating)</small>			
Filing Fee is \$61.25 Due by May 1, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	KELLY, THOMAS		NAME		
STREET ADDRESS	36 GULF BLVD., #4		STREET ADDRESS		
CITY-ST-ZIP	INDIAN ROCKS BEACH, FL 33785		CITY-ST-ZIP		
TITLE	VD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	HELLER, CHARLES		NAME		
STREET ADDRESS	36 GULF BLVD., #3		STREET ADDRESS		
CITY-ST-ZIP	INDIAN ROCKS BEACH, FL 33785		CITY-ST-ZIP		
TITLE	STD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	FERNANDEZ, ANTHONY		NAME		
STREET ADDRESS	36 GULF BLVD #2		STREET ADDRESS		
CITY-ST-ZIP	INDIAN ROCKS BEACH, FL 33785		CITY-ST-ZIP		
TITLE	P	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	KERR, LISA		NAME		
STREET ADDRESS	36 GULF BLVD		STREET ADDRESS		
CITY-ST-ZIP	INDIAN ROCKS BEACH, FL 33785		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:		 Lisa Kerr, Pres. 4/2/07 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			
				<small>Date</small> <small>Daytime Phone #</small>	

