

**2003 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Jul 14, 2003 8:00 am
Secretary of State

07-14-2003 90325 025 ****61.25

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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

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-3728792**

Applied For
Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional Fee Required

CHECK HERE IF MAKING CHANGES



6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**FERNANDEZ, ANTHONY
36 GULF BLVD
UNIT 2
INDIAN ROCKS BEACH FL 33785**

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]*

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25
After September 10, 2003, min will be \$236.25

9. Election Campaign Financing Trust Fund Contribution.

\$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 **PD** Delete
NAME **KERR, CHRISTOPHER A**
STREET ADDRESS **36 GULF BLVD #5**
CITY-ST-ZIP **INDIAN ROCKS BEACH FL 33785**

TITLE Change Addition
NAME **Thomas Kelly**
STREET ADDRESS **36 GULF BLVD #4**
CITY-ST-ZIP **Indian Rocks Beach FL 33785**

TITLE **VD** Delete
NAME **HEDLER, CHARLES**
STREET ADDRESS **19717 GULF BLVD #14**
CITY-ST-ZIP **INDIAN SHORES FL 33785**

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **STD** Delete
NAME **FERNANDEZ, ANTHONY**
STREET ADDRESS **36 GULF BLVD #2**
CITY-ST-ZIP **INDIAN ROCKS BEACH FL 33785**

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Change Addition
NAME
STREET ADDRESS
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 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]* **ANTHONY FERNANDEZ** 7-10-03 727-596-9713

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (4/03)