

**2013 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N00000002603

**FILED**  
**Mar 18, 2013**  
**Secretary of State**  
**CC2390412329**

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

**Current Principal Place of Business:**

19828 GULF BOULEVARD  
UNIT 501  
INDIAN SHORES, FL 33785

**Current Mailing Address:**

19828 GULF BOULEVARD  
UNIT 501  
INDIAN SHORES, FL 33785 US

**FEI Number: 59-3643237**

**Certificate of Status Desired: No**

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

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

*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

**Officer/Director Detail :**

Title PD  
Name BARR, ED  
Address 19828 GULF BOULEVARD # 401  
City-State-Zip: INDIAN SHORES FL 33785

Title D  
Name EDWARDS, WILLIAM  
Address 6109 LAKESHORE ROAD  
City-State-Zip: CICERO NY 13039

Title STD  
Name WEST, SHERROD W  
Address 19828 GULF BOULEVARD # 501  
City-State-Zip: INDIAN SHORES FL 33785

*I hereby 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 all other like empowered.*

**SIGNATURE: SHERROD WEST**

**STD**

**03/18/2013**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date