

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Feb 18, 2005 8:00 am**  
**Secretary of State**

02-18-2005 90051 006 \*\*\*\*61.25

**DOCUMENT # 761313**

1. Entity Name

**WATER'S EDGE WEST CONDOMINIUM ASSOCIATION, INC.**



Principal Place of Business

**2850 SOUTH ATLANTIC AVENUE  
COCOA BEACH FL 32931**

Mailing Address

**2850 SOUTH ATLANTIC AVENUE  
COCOA BEACH FL 32931**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

**59-2342298**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**MCGRATH, JAMES  
2850 S ATLANTIC AVE  
204  
COCOA BCH FL 32931**

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, 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  
Due By May 1, 2005**

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

TITLE	DT	<input checked="" type="checkbox"/> Delete
NAME	GAGLIARDI, CHERYL	
STREET ADDRESS	2850 S. ATLANTIC AVE #209	
CITY-ST-ZIP	COCOA BCH FL 32931	
TITLE	DS	<input checked="" type="checkbox"/> Delete
NAME	THOMPSON, GARY	
STREET ADDRESS	2850 S. ATLANTIC AVE #201	
CITY-ST-ZIP	COCOA BCH FL 32931	
TITLE	DP	<input type="checkbox"/> Delete
NAME	MCGRATH, JAMES	
STREET ADDRESS	2850 S ATLANTIC AVENUE # 204	
CITY-ST-ZIP	COCOA BCH FL 32931	
TITLE	D	<input type="checkbox"/> Delete
NAME	LOZOWICKI, FRANK	
STREET ADDRESS	2850 S. ATLANTIC AVE #103	
CITY-ST-ZIP	COCOA BEACH FL 32931	
TITLE	DT	<input checked="" type="checkbox"/> Delete
NAME	PISCOPO, ROSE	
STREET ADDRESS	2850 S. ATLANTIC AVE. #108	
CITY-ST-ZIP	COCOA BEACH FL 32931	
TITLE	DP	<input type="checkbox"/> Delete
NAME	RIEDEL, ED	
STREET ADDRESS	2850 S ATLANTIC AVE #206	
CITY-ST-ZIP	COCOA BEACH FL 32931	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	DS	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Thompson, Dorothy	
STREET ADDRESS	2850 S Atlantic Ave	
CITY-ST-ZIP	Cocoa Beach FL 32931	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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:**

*Dorothy Thompson*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*Dorothy Thompson*

Date

Daytime Phone #