

**2005 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 07, 2005 08:00 AM
Secretary of State

DOCUMENT # 769348

1. Entity Name
**WATER'S EDGE OF CAPE CORAL CONDOMINIUM
ASSOCIATION, INC.**



Principal Place of Business
**603 SE 15TH STREET #100
CAPE CORAL, FL 33990**

Mailing Address
**603 SE 15TH STREET #100
CAPE CORAL, FL 33990-2101 US**



01052005 No Chg-NP CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-2775830

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**COTTLE, WILLIAM V
621 S.E. 15TH STREET
SUITE 115
CAPE CORAL, FL 33990**

**DO NOT WRITE
IN THIS SPACE**

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 *William V Cottle* **WILLIAM V COTTLE** **06 JA 2005**

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

(NOTE: Registered Agent signature required when reappointing)

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
NAME
STREET ADDRESS
CITY-ST-ZIP
**PD
COTTLE, WILLIAM
621 SE 15TH ST # 110
CAPE CORAL, FL 339902104**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**TD
ARTZ, SAMUEL
621 SE 15TH ST #113
CAPE CORAL, FL 33990**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
MCDONNELL, JAMES
609 SE 15TH ST #105
CAPE CORAL, FL 339902102**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**ATD
KEHLER, FRANK
615 SE 15TH ST #109
CAPE CORAL, FL 33990**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**VP/D
ROTH, BERNARD
603 SE 15TH ST #201
CAPE CORAL, FL**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**DO NOT WRITE
IN THIS SPACE**

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01/10/05-80022-020.61.25

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 *William V Cottle* **WILLIAM V. COTTLE** **06 JA 2005** **(239) 458 4382**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #