


# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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

DOCUMENT # N00000005235	
1. Entity Name OWNERS ASSOCIATION OF WATERS EDGE, INC.	

Principal Place of Business 230 BEACH LANE CRYSTAL RIVER, FL 34429	Mailing Address 230 BEACH LANE CRYSTAL RIVER, FL 34429
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01032005 No Chg-NP CR2E037 (10/03)

4. FEI Number 59-3681791	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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**DO NOT WRITE IN THIS SPACE**

6. Name and Address of Current Registered Agent  WEBB, KENNETH A 230 BEACH LANE CRYSTAL RIVER, FL 34429
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**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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstalling) 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 WEBB, KENNETH A 230 BEACH LANE CRYSTAL RIVER, FL 34429
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD WATERS, ROBERT D 234 BEACH LANE CRYSTAL RIVER, FL 34429
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST WEBB, SARA F 230 BEACH LANE CRYSTAL RIVER, FL 34429
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WATERS, ROBERT T 5525 SW 91 TERRACE GAINESVILLE, FL 32608
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WEBB, CHARLES M JR P.O. BOX 820 WILLISTON, FL 32696
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

U000000174464  
01/10/05-80010-018 61.25

**DO NOT WRITE  
IN THIS SPACE**

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:** Sara Webb / Secretary / Jan. 11/5/05 352-795-  
SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 7280