

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 25, 2006 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



01132006 No Chg NP CR2E037 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3681791

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

WEBB, KENNETH A
230 BEACH LANE
CRYSTAL RIVER, FL 34429

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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 _____
Signature, typed or printed name of registered agent and (if applicable) (not for Registered Agent signature required when reinstating) DATE

**Filing Fee is \$61.25
Due by May 1, 2006**

9. Election Campaign Financing
Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE PD
NAME WEBB, KENNETH A
STREET ADDRESS 230 BEACH LANE
CITY-ST-ZIP CRYSTAL RIVER, FL 34429

TITLE VD
NAME WATERS, ROBERT D
STREET ADDRESS 234 BEACH LANE
CITY-ST-ZIP CRYSTAL RIVER, FL 34429

TITLE ST
NAME WEBB, SARA F
STREET ADDRESS 230 BEACH LANE
CITY-ST-ZIP CRYSTAL RIVER, FL 34429

TITLE D
NAME WATERS, ROBERT T
STREET ADDRESS 5525 SW 91 TERRACE
CITY-ST-ZIP GAINESVILLE, FL 32608

TITLE D
NAME WEBB, CHARLES M JR
STREET ADDRESS P.O. BOX 820
CITY-ST-ZIP WILLISTON, FL 32606

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

0113200601429
02/02/06-30044-007 61.25

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 F. Webb / Sara F Webb
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-23-06 353-795-7280
Date Daytime Phone