

**2008 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 08, 2008 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**



01032008 No Chg-NP

CR2E037 (4/06)

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**

**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 _____

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

(NOTE: Registered Agent signature required when reinstating)

DATE _____

**Filing Fee Is \$61.25
Due by May 1, 2008**

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 32696

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

U000000775640
01/08/08-80037-018 61.25

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the 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*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

(Sara F. Webb) Secty. 1-6-08 352-795-7280