

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

FILED
Jan 14, 2005 08:00 AM
Secretary of State

DOCUMENT # N01000004411

1. Entity Name
**WATER'S EDGE AT THE NARROWS CONDOMINIUM
ASSOCIATION, INC.**



Principal Place of Business
**36 GULF BLVD.
INDIAN ROCKS BEACH, FL 33785**

Mailing Address
**36 GULF BLVD.
INDIAN ROCKS BEACH, FL 33785**



01042005 No Chg-NP CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3728792

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**FERNANDEZ, ANTHONY
36 GULF BLVD
UNIT 2
INDIAN ROCKS BEACH, FL 33785**

**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

Anthony Fernandez
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, 2005**

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

10. OFFICERS AND DIRECTORS

| | |
|----------------|------------------------------|
| TITLE | PD |
| NAME | KELLY, THOMAS |
| STREET ADDRESS | 36 GULF BLVD., #1 |
| CITY-ST-ZIP | INDIAN ROCKS BEACH, FL 33785 |
| TITLE | VD |
| NAME | HEDLER, CHARLES |
| STREET ADDRESS | 19717 GULF BLVD #14 |
| CITY-ST-ZIP | INDIAN SHORES, FL 33785 |
| TITLE | STD |
| NAME | FERNANDEZ, ANTHONY |
| STREET ADDRESS | 36 GULF BLVD #2 |
| CITY-ST-ZIP | INDIAN ROCKS BEACH, FL 33785 |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |

1100000181573
01/18/05-80003-007 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)(l), 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 another like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #