

2000 UNIFORM BUSINESS REPORT (UBR)

2/

DOCUMENT # N17893

1. Entity Name

WATERS EDGE TOWNHOUSE ASSOCIATION, INC.

FILED
Apr 27, 2000 8:00 am
Secretary of State

02-26-2000 90024 021 ****61.25

Principal Place of Business

1124 LAGUNA LANE
GULF BREEZE FL 32561
US

Mailing Address

1124 LAGUNA LANE
GULF BREEZE FL 32561-3326
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-2785075

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

BREMSE, GRETA
1124 LAGUNA LANE
GULF BREEZE FL 32561

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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.

SIGNATURE GRETA BREMSE

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

(NOTE: Registered Agent signature required when reinstating)

01/18/00

DATE

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

TITLE ☒ PD
NAME KLING, STEVE
STREET ADDRESS 3325-E EDGEWATER DR.
CITY-ST-ZIP GULF BREEZE FL 32561 ☐ Delete

TITLE ☒ VP
NAME SANCHEZ, BOB
STREET ADDRESS 3325-G EDGEWATER DR.
CITY-ST-ZIP GULF BREEZE FL 32561 ☐ Delete

TITLE ☒ TS
NAME DUPREE, MIKE
STREET ADDRESS 3325-C EDGEWATER DR.
CITY-ST-ZIP GULF BREEZE FL 32561 ☒ Delete

TITLE ☒ PD
NAME PECK, MARY
STREET ADDRESS 3325-J EDGEWATER DRIVE
CITY-ST-ZIP GULF BREEZE FL 32561 ☒ Delete

TITLE ☒ VP
NAME VAN DYK, RICK
STREET ADDRESS 3325-J EDGEWATER DRIVE
CITY-ST-ZIP GULF BREEZE FL 32561 ☒ Delete

TITLE ☒ ST
NAME POSTEL, HELEN
STREET ADDRESS 3325-D EDGEWATER DRIVE
CITY-ST-ZIP GULF BREEZE FL 32561 ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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:

Helen Postel
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/18/2000
Date

Daytime Phone #

CR2E037 (9/99)