

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N17893

1. Entity Name

WATERS EDGE TOWNHOUSE ASSOCIATION, INC.

Principal Place of Business

Mailing Address

7019 SAWFISH ST
NAVARRE FL 32566
US

P O BOX 6044
GULF BREEZE FL 32561
US

2. Principal Place of Business

3325 EDGEWATER DR

3. Mailing Address

SAME

Suite, Apt. #, etc.

UNIT F

Suite, Apt. #, etc.

City & State

GULF BREEZE, FL

City & State

Zip

32563

Country

USA

Zip

Country

4. FEI Number

59-2785075

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

BREMSE, Greta
7019 SAWFISH STREET
NAVARRE FL 32566

7. Name and Address of New Registered Agent

Name LEA M. WARING

Street Address (P.O. Box Number is Not Acceptable)
3325 EDGEWATER DR

UNIT F

City

GULF BREEZE

FL

Zip Code

32563

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

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

(NOTE: Registered Agent signature required when reinstating)

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 WARING, LEA
STREET ADDRESS 3325 - F EDGEWATER DRIVE
CITY-ST-ZIP GULF BREEZE FL 32561 32563 ☐ Delete

TITLE VPD
NAME HOWELL, JOYCE
STREET ADDRESS 3325 - G EDGEWATER DRIVE
CITY-ST-ZIP GULF BREEZE FL 32561 32563 ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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

TITLE STD
NAME CINDY-SANCHEZ
STREET ADDRESS 3325-G EDGEWATER DR
CITY-ST-ZIP GULF BREEZE, FL 32563 ☒ Change ☐ Addition

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

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

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

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED
Feb 13, 2002 8:00 am
Secretary of State

02-13-2002 90223 012 ****61.25

80025139



DO NOT WRITE IN THIS SPACE

CR2E037 (9/01)

JAN. 28, 2002 (850) 932-7148