

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 28, 2003 8:00 am
Secretary of State

04-09-2003 90156 009 ****61.25

DOCUMENT # N17893

1. Entity Name

WATERS EDGE TOWNHOUSE ASSOCIATION, INC.



Principal Place of Business

Mailing Address

3325 EDGEWATER DR
UNIT F
GULF BREEZE FL 32563
US

3325 EDGEWATER DR
UNIT F
GULF BREEZE FL 32563
US

2. Principal Place of Business

3325 Edgewater Dr.

3. Mailing Address

PO Box 6094

Suite, Apt. #, etc.

Suite, Apt. #, etc.

N/A

City & State

Gulf Breeze FL

City & State

Gulf Breeze FL

Zip

32563

Country

U.S.A.

Zip

32563

Country

U.S.A.

4. FEI Number 59-2785075

Applied For

Not Applicable

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

☒ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

WARING, LEA M
3325 EDGEWATER DR
GULF BREEZE FL 32563

7. Name and Address of New Registered Agent

Name

Joyce A. Howell

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

3325 Edgewater Dr.

Unit J

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Joyce A. Howell, President

4-5-03

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$81.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	WARING, LEA	
STREET ADDRESS	3325 - F EDGEWATER DRIVE	
CITY-ST-ZIP	GULF BREEZE FL 32563	
TITLE	VPD	<input checked="" type="checkbox"/> Delete
NAME	HOWELL, JOYCE	
STREET ADDRESS	3325 - G EDGEWATER DRIVE	
CITY-ST-ZIP	GULF BREEZE FL 32563	
TITLE	STD	<input checked="" type="checkbox"/> Delete
NAME	POSTEL, HELEN	
STREET ADDRESS	3325-D EDGEWATER DRIVE	
CITY-ST-ZIP	GULF BREEZE FL 32561	
TITLE	STD	<input checked="" type="checkbox"/> Delete
NAME	SANCHEZ, CINDY	
STREET ADDRESS	3325-G EDGEWATER DR	
CITY-ST-ZIP	GULF BREEZE FL 32563	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	President, D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Joyce Howell	
STREET ADDRESS	3325 Edgewater Dr. Unit J	
CITY-ST-ZIP	Gulf Breeze FL 32563	
TITLE	Vice President, D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Dian Levin	
STREET ADDRESS	3325 Edgewater Dr. Unit K	
CITY-ST-ZIP	Gulf Breeze FL 32563	
TITLE	Secretary - Kara Kling	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		
STREET ADDRESS	3325 Edgewater Dr. Unit E	
CITY-ST-ZIP	Gulf Breeze FL 32563	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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:

SIGNATURE REQUIRED

4-5-03

850-932-6349

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/02)