

**2019 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N00000005235

**FILED**  
**Jan 09, 2019**  
**Secretary of State**  
**1636751212CC**

**Entity Name:** OWNERS ASSOCIATION OF WATERS EDGE, INC.

**Current Principal Place of Business:**

230 BEACH LANE  
CRYSTAL RIVER, FL 34429

**Current Mailing Address:**

2601 SOUTH RIDGEWOOD AVENUE  
SOUTH DAYTONA, FL 32119 US

**FEI Number:** 59-3681791

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

KOONTZ, ASHLEY R  
230 BEACH LANE  
CRYSTAL RIVER, FL 34429 US

*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:** ASHLEY KOONTZ

01/09/2019

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title PD  
Name BOUNDS, BOBBY S  
Address 222 BEACH LANE  
City-State-Zip: CRYSTAL RIVER FL 34429

Title VP  
Name WEBB, CHARLES M JR.  
Address P. O. BOX 820  
City-State-Zip: WILLISTON FL 32696

Title TREASURER  
Name KOONTZ, ASHLEY R  
Address 2601 SOUTH RIDGEWOOD AVENUE  
City-State-Zip: SOUTH DAYTONA FL 32119

Title SECRETARY  
Name SWAIN, SUSAN  
Address 234 BEACH LANE  
City-State-Zip: CRYSTAL RIVER FL 34429

Title DIRECTOR  
Name BOUNDS, BOBBY D  
Address 818 SW 186 ST  
City-State-Zip: NEWBERRY FL 32669

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.*

**SIGNATURE:** ASHLEY R KOONTZ

**TREASURER**

01/09/2019

Electronic Signature of Signing Officer/Director Detail

Date