

**2017 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N06000008433

**Entity Name:** WATSEEDGE AT HARBORTOWN HOMEOWNERS  
ASSOCIATION, INC.

**FILED**  
**Mar 27, 2017**  
**Secretary of State**  
**CC3184238047**

**Current Principal Place of Business:**

240 CANAL BLVD  
SUITE 2  
PONTE VEDRA BEACH, FL 32082

**Current Mailing Address:**

5455 A1A SOUTH  
SUITE 3  
ST. AUGUSTINE, FL 32080

**FEI Number: 20-5701316**

**Certificate of Status Desired: No**

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

MAY MANAGEMENT SERVICES INC.  
5455 A1A SOUTH  
ST. AUGUSTINE, FL 32080 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:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Officer/Director Detail :**

Title            PRESIDENT  
Name            FJELSTAD, SCOTT  
Address        5455 A1A S  
City-State-Zip: ST AUGUSTINE FL 32080

Title            VP, TREASURER  
Name            DETLEFS, JAY  
Address        5455 A1A S  
City-State-Zip: ST AUGUSTINE FL 32080

Title            SECRETARY  
Name            HARTFORD, JOHN  
Address        5455 A1A S  
City-State-Zip: ST AUGUSTINE FL 32080

*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: SCOTT FJELSTAD**

**PRESIDENT**

**03/27/2017**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date