

2022 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N20000005614

Entity Name: WATER'S EDGE DERMATOLOGY ASSISTANCE FUND, INC.

Current Principal Place of Business:

900 VILLAGE SQUARE CROSSING, STE 290
PALM BEACH GARDENS, FL 33410

Current Mailing Address:

900 VILLAGE SQUARE CROSSING, STE 290
PALM BEACH GARDENS, FL 33410

FEI Number: 85-0976429

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

REGISTERED AGENTS INC.
7901 4TH ST N, STE 300
ST. PETERSBURG, FL 33702 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 P
Name KRASKA, LAWRENCE
Address 900 VILLAGE SQUARE CROSSING,
STE 290
City-State-Zip: PALM BEACH GARDENS FL 33410

Title BM
Name SCHIFF, TED
Address 900 VILLAGE SQUARE CROSSING,
STE 290
City-State-Zip: PALM BEACH GARDENS FL 33410

Title ST
Name SAYLER, KIRK
Address 900 VILLAGE SQUARE CROSSING,
STE 290
City-State-Zip: PALM BEACH GARDENS FL 33410

Title BM
Name PENDOLA, JESSICA
Address 900 VILLAGE SQUARE CROSSING,
STE 290
City-State-Zip: PALM BEACH GARDENS FL 33410

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: LAWRENCE KRASKA

P

03/09/2022

Electronic Signature of Signing Officer/Director Detail

Date