

2021 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: KIRK SAYLER**CFO****02/18/2021**_____
Electronic Signature of Signing Officer/Director Detail_____
Date