

2000 UNIFORM BUSINESS REPORT (UBR)

0015614

DOCUMENT # 751062

1. Entity Name

EDGEWATER CONDOMINIUM APARTMENTS OF DELTONA, FLO

FILED

00 MAR 20 PM 12: 13

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

| | |
|--|---|
| Principal Place of Business | Mailing Address |
| 2180 W. STATE RD. 434 SUITE 5000 LONGWOOD FL 32779 | 2180 W. STATE RD. 434 SUITE 5000 LONGWOOD FL 32779-5042 |

| | |
|--------------------------------|---------------------|
| 2. Principal Place of Business | 3. Mailing Address |
| Suite, Apt. #, etc. | Suite, Apt. #, etc. |

| | | | |
|--------------|--------------|---------------|----------------|
| City & State | City & State | 4. FEI Number | Applied For |
| Zip | Country | 59-2373459 | Not Applicable |



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

HART, JAMES W., JR.
SENTRY MANAGEMENT, INC.
2180 S. STATE RD. 434, SUITE 5000
LONGWOOD FL 32779

7. Name and Address of New Registered Agent

Name

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

City

FL Zip Code

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.

SIGNATURE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE _____

| | | |
|-----------------------------|--|--|
| FILE NOW: FEE IS \$61.25 | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees | Make Check Payable to Department of State |
|-----------------------------|--|--|

| 10. OFFICERS AND DIRECTORS | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 | |
|--|---|---|---|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | TD TAYLOR, BILL 100 SWEET GUM WOODS CT #7B DELTONA FL 32725 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | SD HIGGINS, LILY 160 LIVEOAK WOODS CT #3-C DELTONA FL 32725 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PD LAROCCA, ANTHONY 180 MAGNOLIA WOODS CT 2-D DELTONA FL <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | VD 48 HIGH ST W HARRISON NY 10604 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VSD KOSTRON, CHARLOTTE 8689 NORTH SHORE TRAIL FOREST LAKE MN 55025-8348 <input checked="" type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | D MILLS, GEORGE 180 MAGNOLIA WOODS CT #11-C DELTONA FL 32725 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | DD HEDIN, DOROTHY 100 SWEETGUM WOODS CT4-A DELTONA FL <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | PD 700003188737-8 -03/29/00--01064--022 32725 *****61.25 *****61.25 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VD DOLEZAL, DOROTHY 190 HICKORY WOODS 10-D DELTONA FL 32725 <input checked="" type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #

CR2E037 (9/99)

SP