

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 23, 2001 08:00 AM**  
**Secretary of State**

**DOCUMENT # N00000002603**

1. Entity Name  
 EDGEWATER HARBOR CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business 19535 GULF BLVD. SUITE B INDIAN SHORES FL 33785	Mailing Address 19535 GULF BLVD. SUITE B INDIAN SHORES FL 33785
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2. Principal Place of Business 19828 GULF BOULEVARD	3. Mailing Address 19828 GULF BOULEVARD
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Suite, Apt. #, etc.	Suite, Apt. #, etc.
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City & State INDIAN SHORES FL	City & State INDIAN SHORES FL
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Zip 33785	Country US	Zip 33785	Country US
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4. FEI Number <b>59-3643237</b>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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DO NOT WRITE IN THIS SPACE

**6. Name and Address of Current Registered Agent**

PAGE EVELYN V  
 19535 GULF BLVD.  
 SUITE B  
 INDIAN SHORES FL 33785

**7. Name and Address of New Registered Agent**

Name WEST SHERROD  
 Street Address (P.O. Box Number is Not Acceptable)  
 19828 GULF BOULEVARD  
 UNIT 501  
 City INDIAN SHORES FL Zip Code 33785

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 **SHERROD W. WEST** DATE **04/23/2001**  
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.  **\$5.00** May Be Added to Fees

**Make Check Payable to  
 Department of State**

**10. OFFICERS AND DIRECTORS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SNYDER RICHARD 18602 AVENUE MONACO LUTZ FL 33549	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SEITZ ROBERT 23460 W. PARK COLOMBO CALABASAS CA 91302	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KANTER RICHARD MD 4309 ASHBY LANE TAMPA FL 33624	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD KEARNEY KITT E.R. 19535 GULF BLVD. SUITE B INDIAN SHORES FL 33785	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD BORRIS JIM 19535 GULF BLVD. SUITE B INDIAN SHORES FL 33785	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD PAGE EVELYN V 19535 GULF BLVD. SUITE B INDIAN SHORES FL 33785	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD PARSONS REGINALD 1601 W. IRVINE DRIVE EDMOND OK 73003	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD BARR JAN 19828 GULF BOULEVARD # 401 INDIAN SHORES FL 33785	<input checked="" 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)(f), 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: **SHERROD W. WEST** ST 04/23/2001  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Day-time Phone #

CR2E037 (11/00)