

**2002 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Mar 06, 2002 8:00 am**  
**Secretary of State**

03-06-2002 90005 025 \*\*\*\*61.25

**DOCUMENT # N01000001280**

1. Entity Name

**EDGEWATER PLACE HOMEOWNERS ASSOCIATION, INC.**

Principal Place of Business

Mailing Address

**5110 EISENHOWER BLVD STE 250  
 TAMPA FL 33634**

**5110 EISENHOWER BLVD STE 250  
 TAMPA FL 33634**

2. Principal Place of Business

**2180 W. SR 434**

3. Mailing Address

**2180 W. SR 434**

Suite, Apt. #, etc.

**STE 5000**

Suite, Apt. #, etc.

**STE 5000**

City & State

**LONGWOOD, FL**

City & State

**LONGWOOD, FL**

4. FEI Number

**59-3709333**

Applied For

Not Applicable

Zip

**32779-5044**

Country

**USA**

Zip

**32779-5044**

Country

**USA**

5. Certificate of Status Desired

**\$8.75** Additional Fee Required!

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**CENTEX REAL ESTATE CORPORATION  
 5110 EISENHOWER BLVD STE 250  
 TAMPA FL 33634**

**JAMES W HART JR  
 SENTRY MANAGEMENT INC  
 2180 WEST SR 434 STE 5000  
 LONGWOOD FL 32779**

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 (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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	<b>PD</b>	<input type="checkbox"/> Delete
NAME	<b>SMOUSE, DARIN</b>	
STREET ADDRESS	<b>301 N CATTLEMEN RD STE 108</b>	
CITY-ST-ZIP	<b>SARASOTA FL 34232</b>	
TITLE	<b>VD</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>BRADBURN, ELIZABETH A</b>	
STREET ADDRESS	<b>5110 EISENHOWER BLVD STE 250</b>	
CITY-ST-ZIP	<b>TAMPA FL 33634</b>	
TITLE	<b>SD</b>	<input type="checkbox"/> Delete
NAME	<b>FERNANDEZ, AL</b>	
STREET ADDRESS	<b>5110 EISENHOWER BLVD STE 250</b>	
CITY-ST-ZIP	<b>TAMPA FL 33634</b>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	<b>STD</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>SMOUSE, DARIN</b>	
STREET ADDRESS	<b>301 N. CATTLEMEN RD STE 108</b>	
CITY-ST-ZIP	<b>SARASOTA, FL 34232</b>	
TITLE	<b>PD</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>BULLOCK, WILLIAM</b>	
STREET ADDRESS	<b>5110 EISENHOWER BLVD STE 250</b>	
CITY-ST-ZIP	<b>TAMPA, FL 33634</b>	
TITLE	<b>DVP</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>FERNANDEZ, AL</b>	
STREET ADDRESS	<b>5110 EISENHOWER BLVD STE 250</b>	
CITY-ST-ZIP	<b>TAMPA, FL 33634</b>	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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:

**FERNANDEZ**

Date

**1/18/02 (813) 249-8302**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #

CR2E037 (9/01)