

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 01, 2000 8:00 am
Secretary of State

02-01-2000 90041 009 ****61.25

DOCUMENT # N03489

1. Entity Name

2087 EDGEWATER CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business

Mailing Address

**2087 EDGEWATER DR., APT C
 CLEARWATER FL 33755**

**2087 EDGEWATER DR., APT C
 CLEARWATER FL 33755-1033**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-2891532

Applied For
 Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
 Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

~~SOURBEER, JOHN~~
**2087 EDGEWATER DR., APT B
 CLEARWATER FL 33755**

Name **John Wilkinson**

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

2087 EDGEWATER DRIVE Apt. H

CLEARWATER

City

FL

Zip Code
33755

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

John Wilkinson

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

1-26-2000

**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

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	PD <input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LENOCE, JOI C	NAME	
STREET ADDRESS	2087 EDGEWATER DR., APT D	STREET ADDRESS	
CITY-ST-ZIP	CLEARWATER FL 33755	CITY-ST-ZIP	
TITLE	VD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GARRISON, JOHN	NAME	
STREET ADDRESS	2087 EDGEWATER DR., APT E	STREET ADDRESS	
CITY-ST-ZIP	CLEARWATER FL 33755	CITY-ST-ZIP	
TITLE	TD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	REBER, JACQUELINE B	NAME	
STREET ADDRESS	2087 EDGEWATER DR., APT C	STREET ADDRESS	
CITY-ST-ZIP	CLEARWATER FL 33755	CITY-ST-ZIP	
TITLE	PD <input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SOURBEER, JOHN	NAME	
STREET ADDRESS	2087 EDGEWATER DR., APT B	STREET ADDRESS	
CITY-ST-ZIP	CLEARWATER FL 33755	CITY-ST-ZIP	
TITLE	VD <input type="checkbox"/> Delete	TITLE	PD <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WILKINSON, JOHN	NAME	
STREET ADDRESS	2087 EDGEWATER DRIVE APT H	STREET ADDRESS	
CITY-ST-ZIP	CLEARWATER FL 33755	CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		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:

John Wilkinson
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1-26-2000

727 796 0050