2001 UNIFORM BUSINESS REPORT (UBR)

FILED Feb 05, 2001 8:00 am Escretary of State **DOCUMENT # N03489** 1. Entity Name 2087 EDGEWATER CONDOMINIUM ASSOCIATION, INC. 02-05-2001 90049 014 ****61.25 Principal Place of Business Mailing Address 2087 EDGEWATER DR., APT C 2087 EDGEWATER DR., APT C **CLEARWATER FL 33755** CLEARWATER FL 33755 914687 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 59-2891532 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) WILKINSON, JOHN 2087 EDGEWATER DRIVE APT H City Zip Code **CLEARWATER FL 33755** FL 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 DATE (NOTE: Registered Agent signature required when reinstating) **FILE NOW:** 9. Election Campaign Financing Make Check Payable to \$5.00 May Be П Trust Fund Contribution. FEE IS \$61.25 Added to Fees **Department of State** 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 11. TITLE ☐ Delete TITLE Addition GARRISON, JOHN NAME NAME STREET ADDRESS 2087 EDGEWATER DR., APT E STREET ADDRESS CITY-ST-ZIP **CLEARWATER FL 33755** CITY-ST-ZIP TITLE TD TITLE Addition ☐ Delete ☐ Change REBER, JACQUELINE B NAME NAME STREET ADDRESS STREET ADDRESS 2087 EDGEWATER DR., APT C CITY-SI-ZIP CITY ST-71P... CLEARWATER-FL-33755-PD ☐ Delete TITLE ☐ Change ☐ Addition NAME WILKINSON, JOHN NAME STREET ADDRESS 2087 EDGEWATER DRIVE APT H STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **CLEARWATER FL 33755** TITLE ☐ Delete TITLE Change ☐ Addition NAME NAMÉ STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP 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