

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **N19289** (0)

1. Corporation Name
EDGEWOOD OF GULF TRACE HOMEOWNERS ASSOCIATION, I NC.



Principal Place of Business Mailing Address
2900 FEATHERSTONE DR. HOLIDAY FL 34691 **2900 FEATHERSTONE DR. HOLIDAY FL 34691**

3. Date Incorporated or Qualified **02/18/1987** 3a. Date of Last Report **02/08/1995**
4. FEI Number **59-2893802** Applied For Not Applicable
5. Certificate of Status Desired **\$8.75 Additional Fee Required**
6. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

2. Principal Place of Business 2a. Mailing Address
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.
22 City & State 27 City & State
23 Zip 25 Country 29 Zip 30 Country

9. Name and Address of Current Registered Agent **BOISEN, SID
4210 CASTLEWOOD DR
HOLIDAY FL 34691**
10. Name and Address of New Registered Agent
81 Name **CUCINIELLO, SALVATORE**
82 Street Address (P.O. Box Number is Not Acceptable) **4136 EDGEWOOD DRIVE**
83 **HOLIDAY, FL 34691**
84 City **HOLIDAY, FL** 85 Zip Code **FL 34691**

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of, Section 617.0508, Florida Statutes.

SIGNATURE *Salvatore Cuciniello* **SALVATORE CUCINIELLO, PRESIDENT** April 8, 1996
Signature (typed or printed) name of registered agent and date, if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN '92	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD BOISEN, SID 4210 CASTLEWOOD DR HOLIDAY FL <input checked="" type="checkbox"/> DELETE	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	PD CUCINIELLO, SALVATORE 4136 EDGEWOOD DRIVE HOLIDAY, FL 34691 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD WANAMAKER, SAM 4141 CASTLEWOOD DR HOLIDAY FL <input checked="" type="checkbox"/> DELETE	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	VD MASSIMILLO, GEORGE 4140 EDGEWOOD DRIVE HOLIDAY, FL 34691 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD VAUGHAN, MAUREEN 4217 CASTLEWOOD DR HOLIDAY FL <input checked="" type="checkbox"/> DELETE	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	TD KEYES, BEVERLY 2730 FEATHERSTONE DRIVE HOLIDAY, FL 34691 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD VAN PEVENAGE, PATRICIA 4216 CASTLEWOOD DR HOLIDAY FL <input checked="" type="checkbox"/> DELETE	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	SD BRIGHT, DANA 2722 FEATHERSTONE DRIVE HOLIDAY, FL 34691 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Beverly Keyes* **BEVERLY KEYES, TREASURER** April 8, 1996
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (12/95)