## **FILE NOW: FILING FEE IS \$61.25**

**NONPROFIT CORPORATION** ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

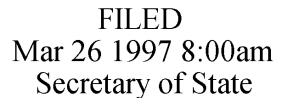
DOCUMENT #

1. Corporation Name

N19289

(0)

EDGEWOOD OF GULF TRACE HOMEOWNERS ASSOCIATION, I NC.





Principal Place of Business  2900 FEATHERSTONE DR. HOLIDAY FL 34691		Mailing Address  2900 FEATHERSTONE DR. HOLIDAY FL 34691-2637		i 162ilibi ber 110i <b>t ib</b> isé lítén séri andu andu elek andu elek andu elek andu andu andu andu		
2. Principal P	lace of Business	2a. Mailing Address		4. FEI Number	Applied For	
21		26		59-2893802	Not Applicable	
Suite, Apt. #, etc.		Suite, Apt #, etc.		5. Certificate of Status Desired	\$8.75 Additional	
22		City & State			Fee Required	
City & State		<u>-</u>		6. Election Campaign Financing	\$5.00 May Be	
<b>Z</b> ID	Country	Z <sub>1</sub> D	Country	Trust Fund Contribution	Added to Fees	
24	25	29	30	This corporation has liability for in Florida Statutes	itangible tax under s. 199.032, Yes	
24	9. Name and Address of Curre		[30]	10. Name and Address of New Reg		
			81 Name			
CHOINI	CILO CALVATODE			George J. Massimil	<u> </u>	
CUCINIELLO, SALVATORE 4136 EDGEWOOD DR			82 Street Ad	82 Street Address (P.O. Box Number is Not Acceptable)		
	Y FL 34891		83	4140 Edgewood Drive		
HULIUM	AT FL 34091					
			84 City		FL 85 Zip Code	
11. Pursuant	to the provisions of Sections 617.05	02 and 617 1508 Florida Statu	ites the above-named o	Holiday	rpose of changing its registered	
office or r	egistered agent, or both, in the State	of Florida. Such change was	authorized by the corpo	orporation submits this statement for the pure distriction of directors. I hereby accept	the appointment as registered	
	m tamiliai with, and accept the oblig	assimillo, Pre	sident	and Il Morning	1 2/18/27	
SIGNATURE,	Signature, typed or printed name of registered ag	•	OFE: Registered Agent signature re	equipment where restating)	P )   10   1	
12.		ID DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICE		
TITLE	PD	<b>₹</b> XOELETE	1.1 TITLE	D	Change Addition	
NAME	CUCINIELLO, SALVATORE		1.2 NAME	MASIMILLO, GEORGE J	•	
STREET ADDRESS	4136 EDGEWOOD DR		1.3 STREET ADDRESS	140 EDGEWOOD DRIVE		
CITY-ST-ZIP	HOLIDAY FL		1.4 CITY-ST-ZIP	HOLIDAY, FL 34691		
TITLE	VD VD	XXDELETE		7D	XX Change Addition	
NAME	MASSIMILLO, GEORGE			CROCE, VINCENT		
STREET ADDRESS	4140 EDGEWOOD DR			2838 FEATHERSTONE DI	RIVE	
CITY-ST-ZIP	HOLIDAY FL			OLIDAY, FL 34691		
TITLE	TD	DELETE	3.1 TITLE	100101111111111111111111111111111111111	Change Addition	
NAME	KEYES, BEVERLY	_	3.2 NAME		•	
STREET ADDRESS	2730 FEATHERSTONE DR		3 3 STREET ADDRESS			
CITY-ST-ZIP	HOLIDAY FL		3.4. CITY-ST-ZIP			
TITLE	SD	XXDELETE		SD	Addition Addition	
NAME	BRIGHT, DANA			VEIGAND, WILLIAM	. • —	
STREET ADDRESS	2722 FEATHERSTONE DR			216 CASTLEWOOD DRIV	VE	
CITY-ST-ZIP	HOLIDAY FL		1.0 0 11 122 7 7 43 47 4 00	OLIDAY, FL 34691		
TITLE	HOUDALIE	DELETE	5.1 TITLE		Change Addition	
NAME			5.2 NAME			
STREET ADDRESS			5.3 STREET ADDRESS			
CHY-ST-ZIP			5.4 CITY-ST-ZIP			
TITLE		DELETE	6.1 TITLE		Change Addition	
NAME			6.2 NAME		the similar first sudding	
STREET ADDRESS			6.3 STREET ADDRESS			
CITY-ST-ZIP	by cartify that the information as notific	ad with this filing does not out	6.4 CITY-ST-ZIP	ited in Section 119.07(3)(i) Florida Statutes	I further certify that the	

The memory centry may the mornished with this mining does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. If 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 61. Florida Statutes; and that my name appears in Block 13 if changed, or on an attachment with an address.