


FILE NOW: FILING FEE IS \$61.25

FILED

Mar 26 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # N19289 (0)**  
1. Corporation Name  
**EDGEWOOD OF GULF TRACE HOMEOWNERS ASSOCIATION, I NC.**



Principal Place of Business <b>2900 FEATHERSTONE DR. HOLIDAY FL 34691</b>	Mailing Address <b>2900 FEATHERSTONE DR. HOLIDAY FL 34691-2637</b>
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3. Date Incorporated or Qualified <b>02/18/1987</b>	3a. Date of Last Report <b>04/12/1996</b>
4. FEI Number <b>59-2893802</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
6. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business 21 Suite, Apt #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt #, etc. 27 City & State 28 Zip 29 Country
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9. Name and Address of Current Registered Agent  
**CUCINIELLO, SALVATORE  
4136 EDGEWOOD DR  
HOLIDAY FL 34691**

10. Name and Address of New Registered Agent  
81 Name  
**George J. Massimillo**  
82 Street Address (P.O. Box Number is Not Acceptable)  
**4140 Edgewood Drive**  
83  
84 City  
**Holiday** **FL** 85 Zip Code  
**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 617.0503, Florida Statutes.  
**George J. Massimillo, President**  
SIGNATURE: *George J. Massimillo* 3/18/97  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when existing) DATE

12. OFFICERS AND DIRECTORS

TITLE <b>PD</b>	<b>CUCINIELLO, SALVATORE</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>4136 EDGEWOOD DR</b>	
STREET ADDRESS	<b>HOLIDAY FL</b>	
CITY - ST - ZIP		
TITLE <b>VD</b>	<b>MASSIMILLO, GEORGE</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>4140 EDGEWOOD DR</b>	
STREET ADDRESS	<b>HOLIDAY FL</b>	
CITY - ST - ZIP		
TITLE <b>TD</b>	<b>KEYES, BEVERLY</b>	<input type="checkbox"/> DELETE
NAME	<b>2730 FEATHERSTONE DR</b>	
STREET ADDRESS	<b>HOLIDAY FL</b>	
CITY - ST - ZIP		
TITLE <b>SD</b>	<b>BRIGHT, DANA</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>2722 FEATHERSTONE DR</b>	
STREET ADDRESS	<b>HOLIDAY FL</b>	
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		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE <b>PD</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME <b>MASIMILLO, GEORGE J.</b>	
1.3 STREET ADDRESS <b>4140 EDGEWOOD DRIVE</b>	
1.4 CITY - ST - ZIP <b>HOLIDAY, FL 34691</b>	
2.1 TITLE <b>VD</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME <b>CROCE, VINCENT</b>	
2.3 STREET ADDRESS <b>2838 FEATHERSTONE DRIVE</b>	
2.4 CITY - ST - ZIP <b>HOLIDAY, FL 34691</b>	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE <b>SD</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME <b>WEIGAND, WILLIAM</b>	
4.3 STREET ADDRESS <b>4216 CASTLEWOOD DRIVE</b>	
4.4 CITY - ST - ZIP <b>HOLIDAY, FL 34691</b>	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY - ST - ZIP	

14. I do 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 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 J. Keyes* 3-18-97 813-934-9499  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0089184

CR2E037 (9/96)