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Jun 01 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998



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, INC.



Principal Place of Business: 2800 FEATHERSTONE DR. HOLIDAY FL 34691
Mailing Address: 2900 FEATHERSTONE DR. HOLIDAY FL 34691

3. Date Incorporated or Qualified: 02/18/1987
4. FEI Number: 59-2893802
5. Certificate of Status Desired: \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution: \$5.00 May Be Added to Fees
7. Is this nonprofit corporation a homeowners association? Yes No
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No

2. Principal Place of Business (21-24) and 2a. Mailing Address (25-30) fields with sub-fields for Suite, City & State, Zip, and Country.

9. Name and Address of Current Registered Agent: MASSIMILLO, GEORGE J. 4140 EDGEWOOD DRIVE HOLIDAY FL 34691

10. Name and Address of New Registered Agent: THOMAS PETERS, 2839 Featherstone Drive, Holiday, 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 617.0503, Florida Statutes.
SIGNATURE: *Thomas Peters* (NOTE: Registered Agent signature required when reinstating) DATE: 5-26-98

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|----------------------------|--|---|---|
| TITLE | PD MASIMILLO, GEORGE J. <input checked="" type="checkbox"/> DELETE | 1.1 TITLE | PD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | MASIMILLO, GEORGE J. | 1.2 NAME | PETERS, THOMAS |
| STREET ADDRESS | 4140 EDGEWOOD DRIVE | 1.3 STREET ADDRESS | 2839 FEATHERSTONE DRIVE |
| CITY-ST-ZIP | HOLIDAY FL | 1.4 CITY-ST-ZIP | HOLIDAY, FL 34691 |
| TITLE | VD CROCE, VINCENT <input type="checkbox"/> DELETE | 2.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | CROCE, VINCENT | 2.2 NAME | |
| STREET ADDRESS | 2838 FEATHERSTONE DRIVE | 2.3 STREET ADDRESS | |
| CITY-ST-ZIP | HOLIDAY FL | 2.4 CITY-ST-ZIP | |
| TITLE | TD KEYES, BEVERLY <input type="checkbox"/> DELETE | 3.1 TITLE | TD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | KEYES, BEVERLY | 3.2 NAME | MASIMILLO, GEORGE J. |
| STREET ADDRESS | 2730 FEATHERSTONE DR | 3.3 STREET ADDRESS | 4140 EDGEWOOD DRIVE |
| CITY-ST-ZIP | HOLIDAY FL | 3.4 CITY-ST-ZIP | HOLIDAY, FL 34691 |
| TITLE | SD WEIGAND, WILLIAM <input type="checkbox"/> DELETE | 4.1 TITLE | SD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | WEIGAND, WILLIAM | 4.2 NAME | HARVEY, BRIAN |
| STREET ADDRESS | 4216 CASTLEWOOD DRIVE | 4.3 STREET ADDRESS | 2919 FEATHERSTONE DRIVE |
| CITY-ST-ZIP | HOLIDAY FL | 4.4 CITY-ST-ZIP | HOLIDAY, FL 34691 |
| TITLE | <input type="checkbox"/> DELETE | 5.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 5.2 NAME | |
| STREET ADDRESS | | 5.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 5.4 CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> DELETE | 6.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 6.2 NAME | |
| STREET ADDRESS | | 6.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 6.4 CITY-ST-ZIP | |

14. 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 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: *Thomas Peters* - President

CR2E037 (10/97)