

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 30, 2001 08:00 AM
Secretary of State

DOCUMENT # N19289

1. Entity Name
 EDGEWOOD OF GULF TRACE HOMEOWNERS ASSOCIATION, INC.

Principal Place of Business 2900 FEATHERSTONE DR. HOLIDAY 34691	FL	Mailing Address 2900 FEATHERSTONE DR. HOLIDAY 34691	FL
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2. Principal Place of Business Suite, Apt. #, etc. City & State	3. Mailing Address Suite, Apt. #, etc. City & State
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4. FEI Number
59-2893802

Applied For
Not Applicable

5. Certificate of Status Desired **\$8.75** Additional Fee Required

DO NOT WRITE IN THIS SPACE

Zip	Country	Zip	Country
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6. Name and Address of Current Registered Agent

PETERS THOMAS
 2839 FEATHERSTONE DR

 HOLIDAY FL
 34691 US

7. Name and Address of New Registered Agent

Name
HATTENBACK VIRGINIA PRES.
 Street Address (P.O. Box Number is Not Acceptable)
 4142 CASTLEWOOD DRIVE

 City
HOLIDAY FL Zip Code
 34691

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 **VIRGINIA HATTENBACK**

01/30/2001

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD HARVEY BRIAN 2919 FEATHERSTONE DR HOLIDAY FL 34691 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD WEIGAND BILL 4216 CASTLEWOOD DRIVE HOLIDAY FL 34691 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD SMITH CLAIRE 2830 FEATHERSTONE DR HOLIDAY FL 34691 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD PETERS THOMAS 2839 FEATHERSTONE DR HOLIDAY FL 34691 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD HARVEY BRIAN V 2919 FEATHERSTONE DR HOLIDAY FL 34691 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD KING JOHN 2828 FEATHERSTONE DRIVE HOLIDAY FL 34691 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD DANCE CARLTON 4213 EDGEWOOD DRIVE HOLIDAY FL 34691 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD HATTENBACK VIRGINIA 4142 CASTLEWOOD DRIVE HOLIDAY FL 34691 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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.

SIGNATURE: BRIAN V. HARVEY SEC 01/30/2001

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Day-time Phone #

CR2E037 (11/00)