

FILE NOW: FILING FEE IS \$61.25

FILED
May 16 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
---	---	---

DOCUMENT # N26161 (2)
1. Corporation Name
EDGEWATER COVE SECTION 2 ASSOCIATION, INC.



Principal Place of Business 2233 11TH AVE. W. P.O. BOX 916 BRADENTON FL 34206	Mailing Address 2233 11TH AVE. W. P.O. BOX 916 BRADENTON FL 34206-0916
---	--

3. Date Incorporated or Qualified 04/28/1988	3a. Date of Last Report 05/01/1996
4. FEI Number 05-0100495	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

2. Principal Place of Business 21	2a. Mailing Address 26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24	Country 25
Zip 29	Country 30

9. Name and Address of Current Registered Agent
**BARCUS, DIANE S.
2233 11TH AVE. W.
BRADENTON FL 34205**

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
FL **85** Zip Code

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS

TITLE	DVP <input type="checkbox"/> DELETE
NAME	BEIGHT, THOMAS
STREET ADDRESS	1161 EDGEWATER CIR
CITY-ST-ZIP	BRADENTON FL
TITLE	DT <input type="checkbox"/> DELETE
NAME	MCGOULD, CHARLES
STREET ADDRESS	1167 EDGEWATER CIR
CITY-ST-ZIP	BRADENTON FL
TITLE	D <input type="checkbox"/> DELETE
NAME	SPAGNOLI, DOMINICK
STREET ADDRESS	1185 EDGEWATER CIRCLE
CITY-ST-ZIP	BRADENTON FL
TITLE	DP <input type="checkbox"/> DELETE
NAME	LAFLEUR, WILLIAM
STREET ADDRESS	1175 EDGEWATER CIR
CITY-ST-ZIP	BRADENTON FL
TITLE	DS <input checked="" type="checkbox"/> DELETE
NAME	SNOW, MARILYN
STREET ADDRESS	1149 EDGEWATER CIR
CITY-ST-ZIP	BRADENTON FL
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	DP <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	DS <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	DVP <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	SCOTT Robert P
5.3 STREET ADDRESS	1171 Edgewater Cir
5.4 CITY-ST-ZIP	Bradenton FL 34209
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: Diane S. Barcus, Mgr. **SIGNATURE REQUIRED** **4/30/97** **941-746-4998**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0061648

CR2E037 (9/96)