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

SIGNATUR

N28901

(9)

EDGEWATER COVE SECTION 4 ASSOCIATION, INC.

Principal Place	e of Business	Mi	ailing Address				- I HOUNTION OUR HARD HOUSE IN		IMBE MIMIL MIMIL MIMIL W	inden megan alakt
P.O. BOX 916 BRADENTON FL 34206			P.O. BOX 916 BRADENTON FL 34208-0916							
							3. Date Incorporated or Qualifier 10/18/1988	3 6	Date of Last Re 05/01/19	eport 1 96
2. Principal P	lace of Business	2a.	Mailing Address				4. FEI Number		Ap	plied For
21			26				65-0106210			t Applicable
Suite, Apt. #, etc.			Suite, Apt. #, etc.				5. Certificate of Status Desired		\$8.75 A	
City & State			City & State			Election Campaign Financing			·	
23			28]			Election Campaign Financing Trust Fund Contribution Added to Fees				
Ζιρ	Country		Zip Country				8. This corporation has liability for intangible tax under s. 199.032,			
24				30				Yes No		
Name and Address of Current Registered Agent							10. Name and Address of New	Registe	red Agent	
				1	11	Name				. [
BARCUS, DIANE S					82 Street Address (P.O. Box Number is Not Acc			table)	······	
2233 11TH AVE W BRADENTON FL 34206					3					
DIVIUEI	11011 11 34200				1					
				1	4	City		ı	FL 85 Zip (Code
 Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-name office or registered agent, or both, in the State of Florida. Such change was authorized by the or agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes. 							poration submits this statement for the tion's board of directors. I hereby acc	a purpo cept the	se of changing its appointment as	s registered registered
SIGNATURE	and the state of t	or the doing and he bi	7 (000):01(011 :0000) (.oou 0,0,0						
SIGNATURE	Signature, typed or printed name of	registered agent and tille	if applicable. (NO	TE Registered	gent	iuper stutengia	red when reinstating)	D#	ΛYE	
12.		ICERS AND DIREC		13.		· · · · · · · · · · · · · · · · · · ·	ADDITIONS/CHANGES TO OF	FICERS	***************************************	
TITLE	DS		DELETE	1.1 TITL	E				Change	Addition
NAME	ROWLAND, S WALT			1.2 NAN			ROWLANDS, Walter			
STREET ADDRESS	1273 EDGEWATER	CIK				.Doress				
CITY-ST-ZIP	BRADENTON FL		DELETE	1.4 CITY		-ZIP D			Change	Addition
TITLE	D				2.1 111112		AUMAN Avis C		ET CHANGE	-ETT MODICION
NAME STREET ISSUES	ZEMME, RICHARD 1265 EDGEWATER	CIR				4.	261 Edgewater Cir			
STREET ADDRESS	BRADENTON FL.		T				radenton FL 34209			Ì
CITY-ST-ZIP TITLE	DV				1 TITLE				Change	Addition
NAME	GUNTER, BARRY		32 N		3.2 NAME					
STREET ADDRESS	1285 EDGEWATER CIR		3.3 \$			DORESS				
CITY-ST-ZIP	BRADENTON FL			3.4. CIT						
TITLE	DP		DELETE	4.1 TITL	E				Change	Addition
NAME	JEGHELIAN, ALICE			4. 2 NAI	Æ					:
STREET ADDRESS	1277 EDGEWATER	CIR		4.3 STR	EET AI	DDRESS				
CITY - ST - ZIP	BRADENTON FL			4.4 CIT	-51-	- ZIP	· · · · · · · · · · · · · · · · · · ·			
TITLE	DT	, , , , , , , , , , , , , , , , , , ,	DELETE	5.1 TITL	E				Change	Addition
NAME	KNOX, BRYCE	OID.		5.2 NAM		1				
STREET ADDRESS	1253 EDGEWATER	UIK		1		DDRESS				
CITY-ST-ZIP	BRADENTON FL		Laciest	5.4 CITY		- ZIP			[]Observe	☐ Addition
TITLE			☐ DELETE	6.1 T(TL					☐ Change	MODITION !
NAME				6.2 NAN						
STREET ADDRESS						DDRESS				
CITY-S1-ZIP				6.4 CITY	- ST -	-Z⊮P I	i i			

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 office of 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 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 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 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 the corporation 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 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 the corporation of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes.

ATURE AND TYPED OR PRINTED NAME OF BIONING OFFICER OR DIRECTO

941-746-4998

FILED

Apr 18 1997 8:00am

Secretary of State

Daytime Phone # 0061652