

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N94000005526 (8)

1. Corporation Name

**EDGEWATER AT GULF HARBOUR YACHT AND COUNTRY CLUB
PROPERTY OWNERS' ASSOCIATION, INC.**

Principal Place of Business

Mailing Address

2020 CLUBHOUSE DRIVE
SUN CITY CENTER FL 33570

% ROBERT E GREENE, FLORIDA LIFESTYLE MGMT.
1904 CLUBHOUSE DRIVE
SUN CITY CENTER FL 33573



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 11/08/1994		3a. Date of Last Report 02/21/1995	
21		26 FLM		4. FEI Number APPLIED FOR 59-3294454		Applied For Not Applicable	
22 Suite, Apt. #, etc.		27 Suite, Apt. #, etc.		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
23 City & State		28 City & State		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
24 Zip		25 Country		29 Zip		30 Country	
				33573		USA	
9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			

**STARKEY, JERRY L
2020 CLUBHOUSE DRIVE
SUN CITY CENTER FL 33570**

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	DP	<input type="checkbox"/> DELETE		1.1 TITLE	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME	KELSEY, PATRICIA A			1.2 NAME			
STREET ADDRESS	2020 CLUBHOUSE DRIVE			1.3 STREET ADDRESS			
CITY-ST-ZIP	SUN CITY CENTER FL 33570			1.4 CITY-ST-ZIP	33573		
TITLE	VD	<input checked="" type="checkbox"/> DELETE		2.1 TITLE	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition	
NAME	HOPPER, CARL J			2.2 NAME	KURCHINSKI, FRANK		
STREET ADDRESS	3150 MATECUMBE KEY ROAD			2.3 STREET ADDRESS	3150 MATECUMBE KEY ROAD		
CITY-ST-ZIP	PUNTA GORDA FL 33955			2.4 CITY-ST-ZIP	PUNTA GORDA, FL 33955		
TITLE	STD	<input type="checkbox"/> DELETE		3.1 TITLE	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME	FLINN, MILTON			3.2 NAME			
STREET ADDRESS	2020 CLUBHOUSE DRIVE			3.3 STREET ADDRESS			
CITY-ST-ZIP	SUN CITY CENTER FL 33570			3.4 CITY-ST-ZIP	33573		
TITLE		<input type="checkbox"/> DELETE		4.1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME				4.2 NAME			
STREET ADDRESS				4.3 STREET ADDRESS			
CITY-ST-ZIP				4.4 CITY-ST-ZIP			
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 do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 unchanged, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (12/95)