## **FILE NOW: FILING FEE IS \$61.25**

NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1997
DOCUMENT #

N96000006317 (9)

EDGEWATER AT CARLTON LAKES COMMONS ASSOCIATION, INC.

## FILED Apr 10 1997 8:00am Secretary of State



Principal Place of Business		Mailing Address			T HERRICON OF THE CONTROL DENIS OF THE CONTROL OF THE CONTROL OF THE CONTROL FROM THE CONTR			
2405 PIPER BLVD. NAPLES FL 34110		2405 PIPER BLVD. NAPLES FL 34110-1387						
					3. Date incorporated or Qualified 12/11/1996	3a. Dal	e of Last I	Report
	ace of Business	2a. Mailing Address	<del></del>	· · · · · · · · · · · · · · · · · · ·	4. FEI Number 65-0720	22		Applied For
Suite, Apt. (	# etc	26 Suite, Apt. #, etc.			65 0120	<u></u>	\$0.75	Not Applicable Additional
22	, 010.	27			<ol><li>Certificate of Status Desired</li></ol>			Required
City & State	)	City & State			6. Election Campaign Financing			May Be
23		28			Trust Fund Contribution			I to Fees
Zip	Country	Zip	Coun	try	8. This corporation has liability for it	ntangible t		
24	25	29	30			Yes [		
	9. Name and Address of Curren	it Registered Agent			10. Name and Address of New Reg	Istered A	gent	
				Name				
SWALM & MURRELL, P.A.			1	32 Street Add	dress (P.O. Box Number is Not Acceptable)			
	MIAMI TRAIL NORTH					·		
SUITE 30			Į.	33				
NAPLES	FL 33940		8	34 City			<b>85</b> Zip	Code
				1		FL		
11. Pursuant t	o the provisions of Sections 617.050	2 and 617,1508, Florida Statu	ites, the abo	ove-named co	rporation submits this statement for the p ation's board of directors. I hereby accep	rpose of	changing	its registered
agent. I ar	m familiar with, and accept the obliga	ations of, Section 617.0503, F	torida Statu	les.	anon's board of directors. Friereby accep	cino appo	THURST A	s registered
SIGNATURE _								
	Signature, typed or printed name of registered age			Agent signature requ	ulred when reinstating)	DATE	5,555	50.0140
12.	OFFICERS AN	D DIRECTORS  DELETE	13.	<del></del>	ADDITIONS/CHANGES TO OFFIC		Change	
TITLE	D Claussen, Christopher (	•—		i		,	thange	[] Abdition
NAME		,	1.2 NAM					
STREET ADDRESS	2405 PIPER BLVD. NAPLES FL 34110		1	EET ADDRESS				
CITY-ST-ZIP TITLE	D DATES IL SALIO	DELETE	2.1 TITE	'-ST-ZIP			Change	Addition
NAME	CLAUSSEN, ROBERT G G	beech	2.2 NAM	1			change	
STREET ADDRESS	2405 PIPER BLVD.			EET ADDRESS				
CITY-ST-ZIP	NAPLES FL 34110		4	Y-ST-ZIP				
TITLE	D	DELETE	3.1 TITE			7	Change	Addition
NAME	THOMPSON, STEPHEN R	<del></del>	3 2 NAM			•		
STREET ADDRESS	2405 PIPER BLVD.			EET ADDRESS				
CITY-ST-ZIP	NAPLES FL 34110			Y-S1-ZIP				
TITLE		DELETE	4.1 1lit				Change	Addition
NAME			4. 2 NAN	AE				
STREET ADDRESS			4.3 STR	EE1 ADDRESS				
CITY-ST-ZIP			4.4 CITY	-ST-ZIP				
TITLE	<u> </u>	DELETE	5.1 THL				Change	Addition
NAMÉ			5.2 NAM	IE				
STREET ADDRESS			5.3 STRE	E1 ADDRESS				
CITY-ST-ZIP			5.4 CITY	-S1-ZIP				
TITLE		DELETE	6.1 TITL			1	Change	Addition
NAME			-					
I PUNE			6.2 NAM	IE				
STREET ADDRESS				ET ADDRESS				
				ET ADDRESS				

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.

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