2003 NOT-FOR-PROFIT CORPORATION **UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # N99000002439



4/11

FILED May 05, 2003 8:00 am Secretary of State

04-17-2003 90616 010 ****61.25

| 1. Entity Name EDISON PARK NEIGHBORHOOD ASSOCIATION, INC. | | | | | | | | | | |
|---|--|--|--|--|---|--|---|--|--|-----------------|
| Principal Plac 2454 EUCUD / FORT MYERS US | AVENUE | | Mailing Address 2454 EUCLID AVENUE FORT MYERS FL 33901 US | ļ | • | | | | IE MICOL CEM IEDI | |
| 2. Principal F | 3. Mailing Address 1751 WOODL Suite, Apt. #, etc. | 751 WOODLAWN AVENUE | | | CHECK HERE IF MAKING CHANGES | | | | | |
| City & Stat | NYERS | FLORIDA | City & State FORT MYERS FLORIDA | | | 4. FEI Number 65-0991391 | | | Applied For Not Applicab | le |
| Zip ろろ9c | | Country USA | Zip 33901 | Coun | • | 5. Certificate of S | Status Desired | Fee Req | | |
| | 6, Name | and Address of Current | Negistered Agent | | Name | | | Istared Agent | | |
| | Robert Clid Avenil Yers Fl 33: | | and the second s | | Street Address | s (P.O. Box Number is | Not Acceptable) | VENUE | | - |
| | \ | | | l | City FOR1 | Mers | • | FL Zip C | ode 3901 | |
| the obligat | e named entity tions of registr | | r the purpose of changing its | registered | office or regist | lered agent, or both, i | n the State of Florid | | | |
| SIGNATURE | Signature, typed | or frinted harne of registered agent a | and title if applicable. (NOTE | : Registered | gent signature requi | red when reinstating) | | DATE | | |
| | <u> </u> | J | | | | | | | | - 1 |
| • • · · · · · · · · · · · · · · · · · · | FILE NOW | : FEE IS \$61.25 | 9. Election Can Trust Fund C | | | \$5.00 May Be Added to Fees | | e Check Payab Department o | | |
| | FILE NOW | <i>\$</i> : | Trust Fund C | | | | Florida | Department o | f State | |
| . 10. | | OFFICERS AND DIF | Trust Fund C | ontributio | | Added to Fees | Florida | Department of AND DIRECTORS | f State | 02) |
| . 10. | PARS OU | OFFICERS AND DIE | Trust Fund C | ontributio | ı. | Added to Fees | Florida | Department o | f State | 10/02) |
| . 10. | ERINST, RO | OFFICERS AND DIE | Trust Fund C | 11. TITLE NAME | ı. | Added to Fees | Florida | Department of AND DIRECTORS | f State | 37 (10/02) |
| . 10. TITLE NAME | ERNST, RO 2454 EUC | OFFICERS AND DIF | Trust Fund C | 11. TITLE NAME | ADDRESS 1- ZIP | Added to Fees ADDITIONS/CHANG | Florida | Department of AND DIRECTORS | f State | E037 (10/02) |
| 10. TITLE NAME STREET ADDRESS | ERNST, RO 2454 EUCI FORT MYE S | OFFICERS AND DIF OBERT LID AVENUE ERS FL 33901 | Trust Fund C | 11. TITLE NAME STREET | ADORESS IT-ZIP | Added to Fees ADDITIONS/CHANG | Florida | Department of AND DIRECTORS | f State IN 10 e | ZE037 (10/ |
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| TITLE NAME STREET ADDRESS CITY_ST-ZIP TITLE NAME STREET ADDRESS | ERNST, RC 2454 EUCI FORT MYE S WINTON, 1 1628 ARD | OFFICERS AND DIF DEENT LID AVENUE ERS FL 33901 KARA | Trust Fund C | 11. TITLE NAME STREET CITY-S TITLE NAME STREET | ADDRESS VP | Added to Fees ADDITIONS/CHANG CRETAPM OLEY, KEN 16 REDNORE | Florida GES TO OFFICERS | Department of AND DIRECTORS | f State IN 10 e | CR2E037 (10/02) |
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12. I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i). 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:

4-14-03

239 334 2135.

4N99000002439

D JENKINS, WILLIAM 1807 MONTEVISTA FORT MYERS, FLORIDA 33901



D MCELLIGOTT, SUSAN 2549 COLUMBUS STREET FORT MYERS, FLORIDA 33901