FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED

95 MAY -1 PM 12:10

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **728477** **(1)**

1. Corporation Name

EDGEWATER MANOR ASSOCIATION, INC.

DO NOT WRITE IN THIS SPACE

Principal Place of Business	Mailing Address
23188 FREEDOM AVENUE CHARLOTTE HARBOR FL 33980	23188 FREEDOM AVENUE CHARLOTTE HARBOR FL 33980

3. Date Incorporated or Qualified: **12/26/1973**
3a. Date of Last Report: **05/01/1994**
4. FEI Number: **59-1831066** ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ **$68.75** Supplemental Fee Not Required
8. *This corporation has liability for intangible tax under S. 199.032, Florida Statutes* ☐ Yes ☒ No

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

9. Name and Address of Current Registered Agent

PILKINGTON, JOSEPH
22333 EDGEWATER DR.
D-3
CHARLOTTE HARBOR FL 33980

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 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	P	11 TITLE		☐ Change ☐ Addition
NAME	PILKINGTON, JOSEPH	12 NAME		
STREET ADDRESS	22333 EDGEWATER DR., D-4	13 STREET ADDRESS		
CITY-ST-ZIP	CHARLOTTE HBR, FL 00000	14 CITY-ST-ZIP		
TITLE	VP	21 TITLE		☐ Change ☐ Addition
NAME	BOOTH, THOMAS	22 NAME		
STREET ADDRESS	22333 EDGEWATER DR, E-1	23 STREET ADDRESS		
CITY-ST-ZIP	CHARLOTTE HBR, FL 00000	24 CITY-ST-ZIP		
TITLE	ST	31 TITLE	ST	☒ Change ☐ Addition
NAME	~~BURLEW, NAOMI~~	32 NAME	William Cumler	
STREET ADDRESS	~~22333 EDGEWATER DR., C-1~~	33 STREET ADDRESS	22333 Edgewater Drive D-7	
CITY-ST-ZIP	~~CHARLOTTE HBR, FL 00000~~	34 CITY-ST-ZIP	Charlotte Harbor, FL 33980	
TITLE	~~D~~	41 TITLE	D	☒ Change ☐ Addition
NAME	~~DESMARAIS, GEORGE~~	42 NAME	Naomi Burlew	
STREET ADDRESS	~~22333 EDGEWATER DR, B-8~~	43 STREET ADDRESS	22333 Edgewater Drive C-1	
CITY-ST-ZIP	~~CHARLOTTE HBR, FL 00000~~	44 CITY-ST-ZIP	~~Charlotte Harbor, FL 33980~~	
TITLE	~~D~~	51 TITLE	D	☒ Change ☐ Addition
NAME	~~GREEN, CHARLES~~	52 NAME	Anthony DeFilippo	
STREET ADDRESS	~~22333 EDGEWATER DR., #B-2~~	53 STREET ADDRESS	22333 Edgewater Drive B-5	
CITY-ST-ZIP	~~CHARLOTTE HARBOR FL~~	54 CITY-ST-ZIP	Charlotte Harbor, FL 33980	
TITLE		61 TITLE		☐ Change ☐ Addition
NAME		62 NAME		
STREET ADDRESS		63 STREET ADDRESS		
CITY-ST-ZIP		64 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)(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: Naomi J. Burlew April 26, 1995
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0017650