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NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # 766625 (8)  
1. Corporation Name  
EDGEWATER OFFICE COMPLEX ASSOCIATION, INC.



Principal Place of Business

Mailing Address

3000 EDGEWATER DRIVE  
ORLANDO FL 32804

3000 EDGEWATER DRIVE  
ORLANDO FL 32804

3. Date Incorporated or Qualified  
01/21/1983

3a. Date of Last Report  
04/07/1995

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

MARKOVITZ, HAROLD  
3000 EDGEWATER DRIVE  
ORLANDO FL 32804

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 P  
NAME KUHN, RALPH  
STREET ADDRESS 4175 S. ATLANTIC AVE, APT. 224  
CITY-ST-ZIP NEW SMYRNA BEACH FL

1.1 TITLE  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

TITLE TD  
NAME MARKOVITZ, HAROLD  
STREET ADDRESS 3000 EDGEWATER DR  
CITY-ST-ZIP ORLANDO FL 32804

2.1 TITLE  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

TITLE S  
NAME WEIDENER, JAMES P  
STREET ADDRESS 10418 NW 31ST TERRACE  
CITY-ST-ZIP MIAMI FL 33172

3.1 TITLE  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

TITLE D  
NAME WEIDENER, MARGARITA  
STREET ADDRESS 10418 NW 31ST TERRACE  
CITY-ST-ZIP MIAMI FL 33172

4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

TITLE D  
NAME KUHN, VICTORIA  
STREET ADDRESS 4175 NW 31ST TERRACE  
CITY-ST-ZIP MIAMI FL 33172

5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
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 if changed, 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)