

FILED
May 14, 2002 8:00 am
Secretary of State

05-14-2002 90354 019 ****61.25

2002 **NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # N28900

1. Entity Name

EDGEWATER COVE ITS Condominium Assoc INC

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

HARMONY MGT

Suite, Apt. #, etc.

4400 EL CONQUISTADOR PKWY #1

City & State

BRADENTON FL

Zip

34210

Country

USA

3. Mailing Address

HARMONY MGT

Suite, Apt. #, etc.

4400 EL CONQUISTADOR #1

City & State

BRADENTON FL

Zip

34210

Country

USA

DO NOT WRITE IN THIS SPACE

4. FEI Number

65-0100494

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

JOHN A. HAGERTY

Street Address (P.O. Box Number is Not Acceptable)

4400 EL CONQUISTADOR PKWY #1

o/o HARMONY MGT

City

BRADENTON

FL

Zip Code

34210

**DO NOT WRITE
IN THIS SPACE**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.

SIGNATURE

John A. Hagerty

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

(JOHN A. HAGERTY, C.A.M.)

(NOTE: Registered Agent signature required when reinstating)

4-15-02

DATE

FEE IS \$61.25
Initial or Amended UBR

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PRES-D
DOUGLAS TROOP
1207 EDGEWATER CIR
BRADENTON FL 34209

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VP-D
INGE REETHOF
1205 EDGEWATER CIR
BRADENTON FL 34209

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
S-D
LOREN HANSON
1247 EDGEWATER CIR
BRADENTON FL 34209

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
T-D
RENAED KAMPSTRA
1217 EDGEWATER CIR
BRADENTON FL 34209

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DELQ
DARRELL POPE
1231 EDGEWATER CIR
BRADENTON FL 34209

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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12. I 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 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 on an attachment with an address, with all other like empowerment.

SIGNATURE:

David W. Sharp

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-15-02

Date

Daytime Phone #

CR2E037B (12/01)