

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

FILED
Jul 09, 2002 8:00 am
Secretary of State

07-09-2002 90374 049 ****61.25

DOCUMENT # **NA40000605526**

1. Entity Name

**EDGEWATER AT GULF HARBOUR YACHT &
Country Club Property Owners Assoc**

DO NOT WRITE IN THIS SPACE

B0127669

2. Principal Place of Business

100 LOVERS LANE

3. Mailing Address

PO Box 6017

DO NOT WRITE IN THIS SPACE

Suite, Apt. #, etc.

3RD FLOOR

Suite, Apt. #, etc.

City & State

FT MYERS BCH, FL

City & State

FT MYERS BCH, FL

4. FEI Number

59-3294454

Applied For

Not Applicable

Zip

33931

Country

USA

Zip

33932

Country

USA

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

7. Name and Address of Current Registered Agent

Name

DG SUIOR & Assoc.

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

100 LOVERS LANE

3RD FL

City

FT MYERS BCH

FL

Zip Code

33931

**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

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

(NOTE: Registered Agent signature required when reinstating)

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	PO
NAME	R GREGSON
STREET ADDRESS	11281 COMPASS PT DR
CITY-ST-ZIP	FT MYERS, FL 33908
TITLE	VP D
NAME	BILL EVERSMANN
STREET ADDRESS	PO Box 87
CITY-ST-ZIP	VERMILION, OH 44089
TITLE	TD
NAME	LOUIS SHEW
STREET ADDRESS	11271 COMPASS PT DR
CITY-ST-ZIP	FT MYERS, FL 33908
TITLE	SD
NAME	S. KOESTENBLATT
STREET ADDRESS	11290 COMPASS PT DR
CITY-ST-ZIP	FT MYERS, FL 33908
TITLE	D
NAME	STAN SEEDS
STREET ADDRESS	14610 HIGHLANDS HARBOUR
CITY-ST-ZIP	FT MYERS, FL 33908
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
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TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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 empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

R. Gregson

7/1/02 (239) 765-5300

Date

Daytime Phone #

CR2E037B (12/01)