

**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

DOCUMENT # **728477** (1)

1. Corporation Name

**EDGEWATER MANOR ASSOCIATION, INC.**

95 MAY -1 PM 12:10

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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

DO NOT WRITE IN THIS SPACE

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

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

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

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reappointing) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS	
TITLE	P
NAME	PILKINGTON, JOSEPH
STREET ADDRESS	22333 EDGEWATER DR., D-4
CITY - ST - ZIP	CHARLOTTE HBR, FL 00000
TITLE	VP
NAME	BOOTH, THOMAS
STREET ADDRESS	22333 EDGEWATER DR, E-1
CITY - ST - ZIP	CHARLOTTE HBR, FL 00000
TITLE	ST
NAME	BURLEW, NAOMI
STREET ADDRESS	22333 EDGEWATER DR., G-1
CITY - ST - ZIP	CHARLOTTE HBR, FL 00000
TITLE	D
NAME	DESMARIS, GEORGE
STREET ADDRESS	22333 EDGEWATER DR, B-8
CITY - ST - ZIP	CHARLOTTE HBR, FL 00000
TITLE	D
NAME	GREEN, CHARLES
STREET ADDRESS	22333 EDGEWATER DR., #B-2
CITY - ST - ZIP	CHARLOTTE HARBOR FL
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	ST <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	William Cumler
3.3 STREET ADDRESS	22333 Edgewater Drive D-7
3.4 CITY - ST - ZIP	Charlotte Harbor, FL 33980
4.1 TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	Naomi Burlew
4.3 STREET ADDRESS	22333 Edgewater Drive C-1
4.4 CITY - ST - ZIP	Charlotte Harbor, FL 33980
5.1 TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	Anthony DeFilippo
5.3 STREET ADDRESS	22333 Edgewater Drive B-5
5.4 CITY - ST - ZIP	Charlotte Harbor, FL 33980
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 110.07(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: *Naomi A. Burlew* April 26, 1995  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date