

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # 728477 (1)

1. Corporation Name

EDGEWATER MANOR ASSOCIATION, INC.



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

3. Date Incorporated or Qualified: 12/26/1973
3a. Date of Last Report: 05/01/1995
4. FEI Number: 59-1831066
5. Certificate of Status Desired: \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution: \$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

2. Principal Place of Business (21-24) and 2a. Mailing Address (25-30) fields with sub-headers for Suite, City, State, Zip, and Country.

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 (81-85) fields for Name, Street Address, City, State, and 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: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|----------------------------|---|---|--|
| TITLE | P <input type="checkbox"/> DELETE | 1.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | PILKINGTON, JOSEPH | 1.2 NAME | |
| STREET ADDRESS | 22333 EDGEWATER DR., D-4 | 1.3 STREET ADDRESS | |
| CITY - ST - ZIP | CHARLOTTE HBR, FL 00000 | 1.4 CITY - ST - ZIP | |
| TITLE | VP <input checked="" type="checkbox"/> DELETE | 2.1 TITLE | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | BOOTH, THOMAS | 2.2 NAME | Arthur C. Williams |
| STREET ADDRESS | 22333 EDGEWATER DR, E-1 | 2.3 STREET ADDRESS | 22333 Edgewater DR, D-5 |
| CITY - ST - ZIP | CHARLOTTE HBR, FL 00000 | 2.4 CITY - ST - ZIP | Charlotte Harbor, FL 33980 |
| TITLE | ST <input type="checkbox"/> DELETE | 3.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | WILLIAM CUMLER | 3.2 NAME | |
| STREET ADDRESS | 22333 EDGEWATER DR D-7 | 3.3 STREET ADDRESS | |
| CITY - ST - ZIP | CHARLOTTE HBR, FL 00000 | 3.4 CITY - ST - ZIP | |
| TITLE | D <input checked="" type="checkbox"/> DELETE | 4.1 TITLE | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | NAOMI BURLEW | 4.2 NAME | Catherine Smith |
| STREET ADDRESS | 22333 EDGEWATER DR C-1 | 4.3 STREET ADDRESS | 22333 Edgewater DR, B-3 |
| CITY - ST - ZIP | CHARLOTTE HBR, FL 00000 | 4.4 CITY - ST - ZIP | Charlotte Harbor, FL 33980 |
| TITLE | D <input type="checkbox"/> DELETE | 5.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | ANTHONY DEFILIPPO | 5.2 NAME | |
| STREET ADDRESS | 22333 EDGEWATER DR B-5 | 5.3 STREET ADDRESS | |
| CITY - ST - ZIP | CHARLOTTE HARBOR FL | 5.4 CITY - ST - ZIP | |
| TITLE | <input type="checkbox"/> DELETE | 6.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 6.2 NAME | |
| STREET ADDRESS | | 6.3 STREET ADDRESS | |
| CITY - ST - ZIP | | 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: X *James Stephens* DATE: April 25/96

CR2E037 (12/95)