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May 07 1997 8:00am
Secretary of State

NONPROFIT
CORPORATION
ANNUAL REPORT
1997



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 33980-2901



2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

30 Country

3. Date Incorporated or Qualified
12/26/1973

3a. Date of Last Report
05/01/1996

4. FEI Number
59-1831066

Applied For
Not Applicable

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

PILKINGTON, JOSEPH
22333 EDGEWATER DR.
D-3
CHARLOTTE HARBOR FL 33980

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 ☐ DELETE
NAME PILKINGTON, JOSEPH
STREET ADDRESS 22333 EDGEWATER DR., D-4
CITY-ST-ZIP CHARLOTTE HBR, FL 00000

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

TITLE VP ☒ DELETE
NAME WILLIAMS, ARTHUR C
STREET ADDRESS 22333 EDGEWATER DR., D-5
CITY-ST-ZIP CHARLOTTE HBR, FL 00000

2.1 TITLE VP ☒ Change ☐ Addition
2.2 NAME Smith, Catherine
2.3 STREET ADDRESS 22333 Edgewater Dr., B-3
2.4 CITY-ST-ZIP Charlotte Hbr, FL 33980

TITLE ST ☐ DELETE
NAME WILLIAM CUMLER
STREET ADDRESS 22333 EDGEWATER DR D-7
CITY-ST-ZIP CHARLOTTE HBR, FL 00000

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

TITLE D ☐ DELETE
NAME SMITH, CATHERINE
STREET ADDRESS 22333 EDGEWATER DR., B-3
CITY-ST-ZIP CHARLOTTE HBR, FL 00000

4.1 TITLE D ☐ Change ☒ Addition
4.2 NAME Green, Charles
4.3 STREET ADDRESS 22333 Edgewater Dr., B-2
4.4 CITY-ST-ZIP Charlotte Hbr, FL 33980

TITLE D ☐ DELETE
NAME ANTHONY DEFILIPPO
STREET ADDRESS 22333 EDGEWATER DR B-5
CITY-ST-ZIP CHARLOTTE HARBOR FL

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

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ 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 does not qualify for the exemption stated in Section 119.07(3)(i), 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

4/21/97

941-629-8927

Date

Daytime Phone # 0066172

CR2E037 (9/96)