

FILE NOW: FILING FEE IS \$61.25

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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
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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
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3. Date Incorporated or Qualified 12/26/1973	3a. Date of Last Report 05/01/1996
4. FEI Number 59-1831066	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip	28 Zip
24 Country	30 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 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	FL
83	
84 City	

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 checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WILLIAMS, ARTHUR C	2.2 NAME	Smith, Catherine
STREET ADDRESS	22333 EDGEWATER DR., D-5	2.3 STREET ADDRESS	22333 Edgewater Dr., B-3
CITY-ST-ZIP	CHARLOTTE HBR, FL 00000	2.4 CITY-ST-ZIP	Charlotte Hbr, 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 type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SMITH, CATHERINE	4.2 NAME	Green, Charles
STREET ADDRESS	22333 EDGEWATER DR., B-3	4.3 STREET ADDRESS	22333 Edgewater Dr., B-2
CITY-ST-ZIP	CHARLOTTE HBR, FL 00000	4.4 CITY-ST-ZIP	Charlotte Hbr, 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 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: _____ Date: **4/21/97** Daytime Phone #: **941-629-8927**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CF2E037 (9/96)