


FILE NOW: FILING FEE IS \$61.25

FILED
May 14 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		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
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3. Date Incorporated or Qualified 12/26/1973	
4. FEI Number 59-1831066	Applied For Not Applicable

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country
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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
7. Is this nonprofit corporation a homeowners association? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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 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

TITLE	P	<input type="checkbox"/> DELETE
NAME	PILKINGTON, JOSEPH	
STREET ADDRESS	22333 EDGEWATER DR., D-4	
CITY-ST-ZIP	CHARLOTTE HBR, FL 00000	
TITLE	VP	<input type="checkbox"/> DELETE
NAME	SMITH, CATHERINE	
STREET ADDRESS	22333 EDGEWATER DR B-3	
CITY-ST-ZIP	CHARLOTTE HBR, FL 00000	
TITLE	ST	<input type="checkbox"/> DELETE
NAME	WILLIAM CUMLER	
STREET ADDRESS	22333 EDGEWATER DR D-7	
CITY-ST-ZIP	CHARLOTTE HBR, FL 00000	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	GREEN, CHARLES	
STREET ADDRESS	22333 EDGEWATER DR B-2	
CITY-ST-ZIP	CHARLOTTE HBR, FL 00000	
TITLE	D	<input type="checkbox"/> DELETE
NAME	ANTHONY DEFILIPPO	
STREET ADDRESS	22333 EDGEWATER DR B-5	
CITY-ST-ZIP	CHARLOTTE HARBOR FL	
TITLE		<input type="checkbox"/> DELETE
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	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	D EDWIN CAY
4.3 STREET ADDRESS	201 CEDAR GROVE DRIVE
4.4 CITY-ST-ZIP	CAESAREA, ONTARIO CANADA L0B1E0
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
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 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]*

4-30-98

CRE037 (10/97)