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Apr 29, 1999 8:00 am
Secretary of State

04-29-1999 90294 027 ****61.25

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NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 728477

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



2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

23 City & State

27 City & State

24 Zip

25 Country

29 Zip

30 Country

3. Date Incorporated or Qualified

12/26/1973

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

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
Catherine L Gerace
 82 Street Address (P.O. Box Number is Not Acceptable)
23188 Freedom Avenue
 83
 84 City
Charlotte Harbor **FL** 85 Zip Code
33980

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

Catherine L Gerace

4/19/99

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	P	<input checked="" type="checkbox"/> DELETE
NAME	PILKINGTON, JOSEPH	
STREET ADDRESS	22333 EDGEWATER DR., D-4	
CITY-ST-ZIP	CHARLOTTE HBR, FL 00000	
TITLE	VP	<input checked="" type="checkbox"/> DELETE
NAME	SMITH, CATHERINE	
STREET ADDRESS	22333 EDGEWATER DR B-3	
CITY-ST-ZIP	CHARLOTTE HBR, FL 00000	
TITLE	ST	<input checked="" 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	CAY, E	
STREET ADDRESS	201 CEDAR GROVE DR	
CITY-ST-ZIP	CAESAREA ON 0	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	ANTHONY DEFILIPPO	
STREET ADDRESS	22333 EDGEWATER DR B-5	
CITY-ST-ZIP	CHARLOTTE HARBOR FL	
TITLE		<input checked="" type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	President
1.3 STREET ADDRESS	William T Cumler
1.4 CITY-ST-ZIP	22333 Edgewater Drive D-7
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Vice Pres
2.3 STREET ADDRESS	J Robert Keyser
2.4 CITY-ST-ZIP	22333 Edgewater Drive B-2
3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	Secretary
3.3 STREET ADDRESS	Janice P Moore
3.4 CITY-ST-ZIP	22333 Edgewater Drive B-8
4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	Treasurer
4.3 STREET ADDRESS	Vaughn E Phillips
4.4 CITY-ST-ZIP	22333 Edgewater Drive E-2
5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	Director
5.3 STREET ADDRESS	Beverly A Burch-Stanley
5.4 CITY-ST-ZIP	22333 Edgewater Drive B-6
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, with all other like empowered.

SIGNATURE: *William T Cumler* **WILLIAM T CUMLER** 4/24/99 390 492-3426

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (11/98)