

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 728477

1. Entity Name

EDGEWATER MANOR ASSOCIATION, INC.

FILED
Apr 05, 2000 8:00 am
Secretary of State

04-05-2000 90120 015 ****61.25

Principal Place of Business

Mailing Address

23188 FREEDOM AVENUE
 CHARLOTTE HARBOR FL 33980

23188 FREEDOM AVENUE
 CHARLOTTE HARBOR FL 33980-2901

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number
 59-1831066

Applied For
 Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

GERACE, CATHRINE
 23188 FREEDOM AVE
 CHARLOTTE HARBOR FL 33980

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW:
 FEE IS \$61.25

9. Election Campaign Financing
 Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

Make Check Payable to
 Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE P ☐ Delete
 NAME CUMLESR, WILLIAM T
 STREET ADDRESS 22333 EDGEWATER DR D-7
 CITY-ST-ZIP CHARLOTTE HARBOR FL

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE VP ☐ Delete
 NAME KEYSER, J. ROBERT
 STREET ADDRESS 22333 EDGEWATER DR B-3
 CITY-ST-ZIP CHARLOTTE HARBOR FL

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ST ☐ Delete
 NAME MOORE, JANICE P
 STREET ADDRESS 22333 EDGEWATER DR D-7
 CITY-ST-ZIP CHARLOTTE HARBOR FL

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE T ☐ Delete
 NAME PHILLIPS, VAUGH E
 STREET ADDRESS 22333 EDGEWATER DR E-2
 CITY-ST-ZIP CHARLOTTE HARBOR FL 0

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE D ☒ Delete
 NAME BURCH-STANLEY, BEVERLY A
 STREET ADDRESS 22333 EDGEWATER DR B-5
 CITY-ST-ZIP CHARLOTTE HARBOR FL

TITLE DIRECTOR ☒ Change ☐ Addition
 NAME DONALD C WALKER
 STREET ADDRESS 1009 ERIN'S WAY
 CITY-ST-ZIP RALEIGH NC 27614

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/99)