

2000 UNIFORM BUSINESS REPORT (UBR)

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

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

DOCUMENT # 728477

1. Entity Name

EDGEWATER MANOR ASSOCIATION, INC.

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

4. FEI Number

59-1831066

Applied For

Not Applicable

Zip

Country

Zip

Country

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	<input type="checkbox"/> Delete
NAME	CUMLESR, WILLIAM T	
STREET ADDRESS	22333 EDGEWATER DR D-7	
CITY-ST-ZIP	CHARLOTTE HARBOR FL	
TITLE	VP	<input type="checkbox"/> Delete
NAME	KEYSER, J. ROBERT	
STREET ADDRESS	22333 EDGEWATER DR B-3	
CITY-ST-ZIP	CHARLOTTE HARBOR FL	
TITLE	ST	<input type="checkbox"/> Delete
NAME	MOORE, JANICE P	
STREET ADDRESS	22333 EDGEWATER DR D-7	
CITY-ST-ZIP	CHARLOTTE HARBOR FL	
TITLE	T	<input type="checkbox"/> Delete
NAME	PHILLIPS, VAUGH E	
STREET ADDRESS	22333 EDGEWATER DR E-2	
CITY-ST-ZIP	CHARLOTTE HARBOR FL 0	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	BURCH-STANLEY, BEVERLY A	
STREET ADDRESS	22333 EDGEWATER DR B-5	
CITY-ST-ZIP	CHARLOTTE HARBOR FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	DIRECTOR	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DONALD C WALKER	
STREET ADDRESS	1009 ERIN'S WAY	
CITY-ST-ZIP	RALEIGH NC 27614	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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 #

3-14-2000

CR2E037 (9/99)