

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 22, 2001 8:00 am
Secretary of State

05-22-2001 90051 046 ****61.25

DOCUMENT # **728477**
 1. Entity Name
EDGEWATER MANOR ASSOCIATION, INC.

Principal Place of Business Mailing Address
23188 FREEDOM AVE **23188 FREEDOM AVE.**
CHARLOTTE HARBOR, FL **CHARLOTTE HARBOR, FL**
33980 **33980**

770445

2. Principal Place of Business 3. Mailing Address
 Suite, Apt. #, etc. Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

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
GIERACE, CATHERINE
23188 FREEDOM AVE
CHARLOTTE HARBOR, FL 33980

7. Name and Address of New Registered Agent
 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's 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

TITLE	P	<input type="checkbox"/> Delete
NAME	CUMLER WILLIAM T.	
STREET ADDRESS	22333 EDGEWATER DR., D7	
CITY-ST-ZIP	CHARLOTTE HARBOR, FL 33980	
TITLE	VP	<input type="checkbox"/> Delete
NAME	KEYSER, J. ROBERT	
STREET ADDRESS	22333 EDGEWATER DR. B-3	
CITY-ST-ZIP	CHARLOTTE HARBOR, FL 33980	
TITLE	ST	<input type="checkbox"/> Delete
NAME	MOORE, JANILE P	
STREET ADDRESS	22333 EDGEWATER DR. B8	
CITY-ST-ZIP		
TITLE	T	<input checked="" type="checkbox"/> Delete
NAME	PHILLIPS, VAUGH'E	
STREET ADDRESS	22333 EDGEWATER DR. E-2	
CITY-ST-ZIP	CHARLOTTE HARBOR, FL 33980	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	BIRCH-STANLEY, BEVERLY	
STREET ADDRESS	22333 EDGEWATER DR. B-5	
CITY-ST-ZIP	CHARLOTTE HARBOR, FL 33980	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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	T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	PHILLIPS, JUNE	
STREET ADDRESS	22333 EDGEWATER DR, E-2	
CITY-ST-ZIP	CHARLOTTE HARBOR, FL 33980	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	WALRAED, DONALD	
STREET ADDRESS	22333 EDGEWATER DR, B1	
CITY-ST-ZIP	CHARLOTTE HARBOR, FL 33980	
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: *June C. Phillips*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-27-01
 Date Daytime Phone #

CR2E037 (11/00)