

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 728477

1. Entity Name

EDGEWATER MANOR ASSOCIATION, INC.

FILED
May 20, 2002 8:00 am
Secretary of State

05-20-2002 90258 017 ****61.25

Principal Place of Business

Mailing Address

23188 FREEDOM AVENUE
 CHARLOTTE HARBOR, FL 33980

23188 FREEDOM AVENUE
 CHARLOTTE HARBOR FL 33980

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
 NAME CUMLE5R, WILLIAM T
 STREET ADDRESS 22333 EDGEWATER DR D-7
 CITY-ST-ZIP CHARLOTTE HARBOR FL ☒ Delete

TITLE PRESIDENT
 NAME KEYSEY
 STREET ADDRESS 22333 EDGEWATER DR. B-2
 CITY-ST-ZIP CHARLOTTE HARBOR, FL 33980 ☐ Change ☒ Addition

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

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

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

TITLE SECRETARY
 NAME CHARLOTTE BOOTH
 STREET ADDRESS 22333 EDGEWATER DR. E-1
 CITY-ST-ZIP CHARLOTTE HARBOR, FL 33980 ☐ Change ☒ Addition

TITLE T
 NAME PHILLIPS, JUNE
 STREET ADDRESS 22333 EDGEWATER DR E-2
 CITY-ST-ZIP CHARLOTTE HARBOR FL 33980 ☒ Delete

TITLE TREASURER
 NAME MARGUERITE POLLOCK
 STREET ADDRESS 22333 EDGEWATER DR. D-2
 CITY-ST-ZIP CHARLOTTE HARBOR, FL 33980 ☐ Change ☒ Addition

TITLE VP
 NAME WALRAED, DONALD
 STREET ADDRESS 22333 EDGEWATER DR B-5
 CITY-ST-ZIP CHARLOTTE HARBOR FL 33980 ☐ Delete

TITLE DIRECTOR
 NAME ROBERT TOMIC
 STREET ADDRESS 22333 EDGEWATER DR. B-7
 CITY-ST-ZIP CHARLOTTE HARBOR, FL 33980 ☐ Change ☒ Addition

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP ☐ Delete

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

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: *Marguerite Pollock*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-25-02 Treasurer
 Date Daytime Phone #

CR2E037 (9/01)