

2002 UNIFORM BUSINESS REPORT (UBR)

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

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

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



DO NOT WRITE IN THIS SPACE

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 **PRESIDENT** Change Addition
 NAME **LORRAYNE KEYSER**
 STREET ADDRESS **22333 EDGEWATER DR. B-2**
 CITY-ST-ZIP **CHARLOTTE HARBOR, FL 33980**

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

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

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

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

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

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

4-25-02 Treasurer
 DATE DAYTIME PHONE #

CR2E037 (9/01)