


**2003 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 12, 2003 8:00 am
Secretary of State

04-23-2003 90076 037 ****61.25

DOCUMENT # 728477					
1. Entity Name EDGEWATER MANOR ASSOCIATION, INC.					
Principal Place of Business 23188 FREEDOM AVENUE CHARLOTTE HARBOR FL 33980			Mailing Address 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		4. FEI Number 59-1831066	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
8. 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		
			State 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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE		Signature, typed or printed name of registered agent and use if applicable. (NOTE: Registered Agent signature required when reinstating)		DATE	
FILE NOW: FEE IS \$61.25		9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees		Make Check Payable to Florida Department of State	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	P	<input checked="" type="checkbox"/> Delete	TITLE	P/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KEYSER, LORRAINE		NAME	Donald E. Walraed	
STREET ADDRESS	22333 EDGEWATER DR. B2		STREET ADDRESS	22333 Edgewater Dr B-1	
CITY-ST-ZIP	CHARLOTTE HARBOR FL 33980		CITY-ST-ZIP	Charlotte Harbor, FL 33980	
TITLE	S	<input type="checkbox"/> Delete	TITLE	VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BOOTH, CHARLOTTE		NAME	John Allen	
STREET ADDRESS	22333 EDGEWATER DR. E-1		STREET ADDRESS	22333 Edgewater Drive C-1	
CITY-ST-ZIP	CHARLOTTE HARBOR FL 33980		CITY-ST-ZIP	Charlotte Harbor, FL 33980	
TITLE	T	<input checked="" type="checkbox"/> Delete	TITLE	T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	POLLOCK, MARGUERITE		NAME	Jacqueline Nordell	
STREET ADDRESS	22333 EDGEWATER DR. D-2		STREET ADDRESS	22333 Edgewater Dr B-6	
CITY-ST-ZIP	CHARLOTTE HARBOR FL 33980		CITY-ST-ZIP	Charlotte Harbor, FL 33980	
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WALRAED, DONALD		NAME	Lorraine Keyser	
STREET ADDRESS	22333 EDGEWATER DR B-5		STREET ADDRESS	22333 Edgewater Dr B-2	
CITY-ST-ZIP	CHARLOTTE HARBOR FL 33980		CITY-ST-ZIP	Charlotte Harbor, FL 33980	
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TOMIC, ROBERT		NAME		
STREET ADDRESS	22333 EDGEWATER DR. B-7		STREET ADDRESS		
CITY-ST-ZIP	CHARLOTTE HARBOR FL 33980		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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 REQUIRED		<i>Lorraine M. Keyser</i>		Date: 4-21-03	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date		Daytime Phone #	

55039923



CHECK HERE IF MAKING CHANGES

CR2E037 (10/02)