FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED
95 APR 26 PM 12:45
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 730037 (9)

1. Corporation Name
EDGEWATER VILLAGE CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business	Mailing Address
22375 EDGEWATER DR. P.O. BOX 260 PUNTA GORDA FL 33980	22375 EDGEWATER DR. P.O. BOX 260 PUNTA GORDA FL 33980

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 06/24/1974
3a. Date of Last Report: 03/09/1994
4. FEI Number: 59-1683333 ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ **$68.75** Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☒ Yes ☐ No

2. Principal Place of Business
21
Suite, Apt. #, etc.
22
City & State
23
Zip 24 Country 25

2a. Mailing Address
26
Suite, Apt. #, etc.
27
City & State
28
Zip 29 Country 30

9. Name and Address of Current Registered Agent

JONES, PHILLIP J., ESQ.
1777 TAMIAMI TRAIL, STE 501
PORT CHARLOTTE FL 33948

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	D	1.1 TITLE	DIRECTOR	☐ Change ☒ Addition
NAME	DALE, JOHN	1.2 NAME	MR & SARAH PAYTI	
STREET ADDRESS	ROTHERFIELD-ST DOUGLAS AV	1.3 STREET ADDRESS	UNIT 22375 EDGEWATER DRIVE	
CITY-ST-ZIP	EXMOUTH DEVON, ENG	1.4 CITY-ST-ZIP	PORT CHARLOTTE 33980	
TITLE	D	2.1 TITLE	DIRECTOR	☐ Change ☒ Addition
NAME	CHEPURNY, ALEX	2.2 NAME	FRANK SPINO	
STREET ADDRESS	P.O. BOX 311 HOLLAND LANDING	2.3 STREET ADDRESS	RR# 1	
CITY-ST-ZIP	ONTARIO CA	2.4 CITY-ST-ZIP	Peterborough ONTARIO CANADA K9J 6Y7	
TITLE	S	3.1 TITLE	TREASURER	☐ Change ☒ Addition
NAME	LOMBARDO, FLORENCE	3.2 NAME	MRS. SANDRA MUIRHEAD	
STREET ADDRESS	215 MONTMORENCY DR.	3.3 STREET ADDRESS	BOX 540 HUNTSVILLE ONTARIO	
CITY-ST-ZIP	HAMILTON, ONT. CANADA	3.4 CITY-ST-ZIP	P0B2H0	
TITLE	P	4.1 TITLE		☐ Change ☐ Addition
NAME	MERLO, MARILYN	4.2 NAME		
STREET ADDRESS	270 HIXON	4.3 STREET ADDRESS		
CITY-ST-ZIP	HAMILTON, ONT. CAN	4.4 CITY-ST-ZIP		
TITLE	V	5.1 TITLE		☐ Change ☐ Addition
NAME	ATKINSON, GARY	5.2 NAME		
STREET ADDRESS	NEWMARKET STREET BOX 84	5.3 STREET ADDRESS		
CITY-ST-ZIP	HOLLAND LANDING ON	5.4 CITY-ST-ZIP		
TITLE	TREAS	6.1 TITLE		☐ Change ☐ Addition
NAME	MRS. SANDRA MUIRHEAD	6.2 NAME		
STREET ADDRESS	BOX 540 HUNTSVILLE ONTARIO	6.3 STREET ADDRESS		
CITY-ST-ZIP	CANADA P0B2H0	6.4 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address. SANDRA A. MUIRHEAD

SIGNATURE: Sandra A. Muirhead Treasurer — MARCH 22/95 — 1-705-375-566
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0017687