

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # 730037 (9)
1. Corporation Name
EDGEWATER VILLAGE CONDOMINIUM ASSOCIATION, INC.



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

3. Date Incorporated or Qualified 06/24/1974 3a. Date of Last Report 04/26/1995

2. Principal Place of Business 21 AS ABOVE Suite, Apt. #, etc. 22 City & State 23 Zip 24	2a. Mailing Address 26 SAME AS ABOVE Suite, Apt. #, etc. 27 City & State 28 Zip 29	4. FEI Number 59-168333 Applied For Not Applicable	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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9. Name and Address of Current Registered Agent

JONES, PHILLIP L. ESQ.
1777 TAMiami TRAIL, STE 501
PORT CHARLOTTE FL 33948

10. Name and Address of New Registered Agent

81 Name MR. DAVID HOLMES NEW LAWYER.
82 Street Address (P.O. Box Number is Not Acceptable)
115 WEST OLYMPIA AVE
83 P.O. DRAWER 1447
84 City PUNTA GORDA FLORIDA FL 85 Zip Code 33951

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE DAVID HOLMES LAWYER.
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

3/15/96

12. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> DELETE
NAME	PAYTI, SARAH	
STREET ADDRESS	22375 EDGEWATER DRIVE UNIT 22375	
CITY-ST-ZIP	PORT CHARLOTTE FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	CHEPURNY, ALEX	
STREET ADDRESS	P.O. BOX 311 HOLLAND LANDING	
CITY-ST-ZIP	ONTARIO CA	
TITLE	S	<input checked="" type="checkbox"/> DELETE
NAME	LOMBARDO, FLORENCE	
STREET ADDRESS	215 MONTMORENCY DR.	
CITY-ST-ZIP	HAMILTON, ONT. CANADA	
TITLE	P	<input checked="" type="checkbox"/> DELETE
NAME	MERLO, MARILYN	
STREET ADDRESS	270 HIXON	
CITY-ST-ZIP	HAMILTON, ONT. CAN	
TITLE	V	<input type="checkbox"/> DELETE
NAME	ATKINSON, GARY	
STREET ADDRESS	NEWMARKET STREET BOX 64	
CITY-ST-ZIP	HOLLAND LANDING ON	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	SPINO, FRANK	
STREET ADDRESS	RR #1	
CITY-ST-ZIP	PETERSBOROUGH ONTARIO CA	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	TREASURER	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	MRS SANDRA R. MUIRHEAD	
1.3 STREET ADDRESS	BOX 540, WATERDOWN	
1.4 CITY-ST-ZIP	ONTARIO CANADA L0R2H0	
2.1 TITLE	SECRETARY	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	MRS. WANDA MADRONIK	
2.3 STREET ADDRESS	270 HIXON RD	
2.4 CITY-ST-ZIP	HAMILTON, ONTARIO CANADA L8K 2C6	
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE	100001753681	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	-03/22/96--01003--037	
5.3 STREET ADDRESS	***61.25	
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
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)(b), 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.

SIGNATURE: *Sandra R. Muirhead* Date: January 24/96 1-905-335-5660
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #

CR2E037 (12/95)