


FILE NOW: FILING FEE IS \$61.25

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Feb 12 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 730037 (9)
1. Corporation Name
EDGEWATER VILLAGE CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business 22375 EDGEWATER DR. P.O. BOX 260 PUNTA GORDA FL 33980	Mailing Address 22375 EDGEWATER DR. P.O. BOX 260 PUNTA GORDA FL 33980-2060
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3. Date Incorporated or Qualified 06/24/1974	3a. Date of Last Report 03/21/1996
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2. Principal Place of Business 21	2a. Mailing Address 26	4. FEI Number 59-1683333	Applied For <input type="checkbox"/> Not Applicable
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
City & State 23	City & State 28	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
Zip 24	Country 25	Zip 29	Country 30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**MR. DAVID HOLMES
115 WEST OLYMPIA AVE
PO BOX DRAWER 1447
PUNTA GORDA FL 33951**

*LAWYER FOR
ASSOCIATION.*

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

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE D	<input type="checkbox"/> DELETE	1.1 TITLE PETER LAVELL	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME PAYTI, SARAH		1.2 NAME 145 C LEARY AVE	
STREET ADDRESS 22375 EDGEWATER DRIVE UNIT 22375		1.3 STREET ADDRESS DUNNVILLE ONTARIO CANADA	
CITY-ST-ZIP PORT CHARLOTTE FL	DIRECTOR	1.4 CITY-ST-ZIP NIA 1A2	DIRECTOR.
TITLE D	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME CHEPURNY, ALEX		2.2 NAME	
STREET ADDRESS P.O. BOX 311 HOLLAND LANDING		2.3 STREET ADDRESS	
CITY-ST-ZIP ONTARIO CA	DIRECTOR	2.4 CITY-ST-ZIP	
TITLE T	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME MRS. SANDRA R. MUIRHEAD		3.2 NAME	
STREET ADDRESS BOX 540 WATERDOWN N/A		3.3 STREET ADDRESS	
CITY-ST-ZIP ONTARIO, CANADA LOR2H-0	TRANS.	3.4 CITY-ST-ZIP	
TITLE S	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME MRS. WANDA MAORONICH		4.2 NAME	
STREET ADDRESS 275 HIXON RD		4.3 STREET ADDRESS	
CITY-ST-ZIP HAMILTON, ONTARIO CANADA L8K2C-B	SBC.	4.4 CITY-ST-ZIP	
TITLE V	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME ATKINSON, GARY		5.2 NAME	
STREET ADDRESS NEWMARKET STREET BOX 64		5.3 STREET ADDRESS	
CITY-ST-ZIP HOLLAND LANDING ON	PRES.	5.4 CITY-ST-ZIP	
TITLE MR. JAY KENNY	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME 440 LATHROP	NEW	6.2 NAME	
STREET ADDRESS ALBONAC M148001	DIRECTOR	6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do 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 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* **SANDRA R. MUIRHEAD** *January 28, 1997* **1-905-385-5660**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0058171

CR2E037 (9/96)