


FILE NOW: FILING FEE IS \$61.25

FILED

Feb 05 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		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 22375 EDGEWATER DR. P.O. BOX 200 PUNTA GORDA FL 33980	Mailing Address 22375 EDGEWATER DR. P.O. BOX 200 PUNTA GORDA FL 33980
---	---

21 2. Principal Place of Business Suite, Apt. #, etc.	26 2a. Mailing Address Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip	28 Zip
24 Country	29 Country

3. Date Incorporated or Qualified 06/24/1974
4. FEI Number 59-1683333
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
7. Is this nonprofit corporation a homeowners association? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

9. Name and Address of Current Registered Agent MR. DAVID HOLMES 115 WEST OLYMPIA AVE PO BOX DRAWER 1447 PUNTA GORDA FL 33951
--

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
85 Zip Code

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 *[Signature]* *[Signature]* *[Signature]* **January 21, 1998**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating.) DATE

12. OFFICERS AND DIRECTORS	
TITLE	<input type="checkbox"/> DELETE
NAME	D PAYTI, SARAH
STREET ADDRESS	22375 EDGEWATER DRIVE UNIT 22375
CITY-ST-ZIP	PORT CHARLOTTE FL
TITLE	<input type="checkbox"/> DELETE
NAME	O CHEPURNY, ALEX
STREET ADDRESS	P.O. BOX 311 HOLLAND LANDING
CITY-ST-ZIP	ONTARIO CA
TITLE	<input type="checkbox"/> DELETE
NAME	T MRS. SANDRA R. MUIRHEAD
STREET ADDRESS	BOX 540 WATERDOWN N/A
CITY-ST-ZIP	ONTARIO, CANADA L0R2H-0
TITLE	<input checked="" type="checkbox"/> DELETE
NAME	S MRS. WANDA MAORONICH
STREET ADDRESS	275 HIXON RD
CITY-ST-ZIP	HAMILTON, ONTARIO CANADA L8K2C-8
TITLE	<input type="checkbox"/> DELETE
NAME	P ATKINSON, GARY
STREET ADDRESS	NEWMARKET STREET BOX 64
CITY-ST-ZIP	HOLLAND LANDING ON
TITLE	<input type="checkbox"/> DELETE
NAME	D KENNY, JAY
STREET ADDRESS	440 LATHROP
CITY-ST-ZIP	ALGONA MO

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	SECRETARY
1.3 STREET ADDRESS	MRS. MARIKYN MERLO
1.4 CITY-ST-ZIP	570 HIXON ROAD
2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	DIRECTOR
2.3 STREET ADDRESS	MR. SIM. FRWIN
2.4 CITY-ST-ZIP	998 JOHN STREET
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	DIRECTOR
3.3 STREET ADDRESS	MR. PETER LAVAL
3.4 CITY-ST-ZIP	145 CLEARY AVE
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	DIRECTOR
4.3 STREET ADDRESS	145 CLEARY AVE
4.4 CITY-ST-ZIP	DUNNVILLE ONTARIO
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	DIRECTOR
5.3 STREET ADDRESS	145 CLEARY AVE
5.4 CITY-ST-ZIP	DUNNVILLE ONTARIO
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	DIRECTOR
6.3 STREET ADDRESS	145 CLEARY AVE
6.4 CITY-ST-ZIP	DUNNVILLE ONTARIO

14. 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 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 *[Signature]* *[Signature]* *[Signature]* **Jan 21/98**

CR2E037 (1097)