

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 730037

1. Entity Name

**EDGEWATER VILLAGE CONDOMINIUM ASSOCIATION, INC.**

**FILED**  
**Jan 29, 2000 8:00 am**  
**Secretary of State**

01-29-2000 90002 039 \*\*\*\*61.25

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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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number <b>59-1683333</b>	Applied For <input type="checkbox"/> Not Applied
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
MR. DAVID HOLMES 115 WEST OLYMPIA AVE PO BOX DRAWER 1447 PUNTA GORDA FL 33951		Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> 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.

SIGNATURE \_\_\_\_\_ (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 Department of State
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FRANCO, LOU 114 DELMAR DR. ONTARIO CANADA L9C-1J9 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	SECRETARY FRANK LOMBARDO, FLORENCE 215 MONTMORENCY DR. HAMILTON ONT L8K 5H3 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CHEPURNY, ALEX P.O. BOX 311 HOLLAND LANDING ONTARIO CA <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P MRS. SANDRA R. MUIRHEAD BOX 540 WATERDOWN N/A ONTARIO, CANADA LOR2H-0 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T ERWIN, JIM 998 JOHN ST DUNNVILLE ON N1A2R <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	T IRWIN JIM 998 JOHN ST DUNNVILLE ONT N1A 2R8 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D RUSHFORD, BILL 34408 W 9 MILE FARMINGTON HILLS MI 48335 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KENNY, JAY 440 LATHROP ALGONA MO <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DIRECTOR FRANK P.O.#1 PETERBOROUGH ONT K9J 6X2 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition

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: J. Erwin SIGNATURE REQUIRED 01/20/99 941-627-4275  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #