

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 730037

1. Entity 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 33980-2060

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

59-1683333

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE D ☐ Delete
NAME FRANCO, LOU
STREET ADDRESS 114 DELMAR DR.
CITY-ST-ZIP ONTARIO CANADA L9C-1J9

TITLE SECRETARY ☐ Change ☒ Addition
NAME ~~MISS~~ LOMBARDO, FLORENCE
STREET ADDRESS 215 MONTMORENCY DR.
CITY-ST-ZIP HAMILTON ONT L8K 5H3

TITLE D ☐ Delete
NAME CHEPURNY, ALEX
STREET ADDRESS P.O. BOX 311 HOLLAND LANDING
CITY-ST-ZIP ONTARIO CA

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE P ☒ Delete
NAME MRS. SANDRA R. MUIRHEAD
STREET ADDRESS BOX 540 WATERDOWN N/A
CITY-ST-ZIP ONTARIO, CANADA LOR2H-0

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE T ☐ Delete
NAME ERWIN, JIM
STREET ADDRESS 998 JOHN ST
CITY-ST-ZIP DUNNVILLE ON N1A2R

TITLE T ☒ Change ☐ Addition
NAME IRWIN JIM
STREET ADDRESS 998 JOHN ST
CITY-ST-ZIP DUNNVILLE ONT N1A 2R8

TITLE D ☐ Delete
NAME RUSHFORD, BILL
STREET ADDRESS 34408 W 9 MILE
CITY-ST-ZIP FARMINGTON HILLS MI 48335

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE D ☒ Delete
NAME KENNY, JAY
STREET ADDRESS 440 LATHROP
CITY-ST-ZIP ALGONA MO

TITLE DIRECTOR ☐ Change ☒ Addition
NAME SPINO FRANK
STREET ADDRESS P.O. BOX 1
CITY-ST-ZIP PETERBOROUGH ONT K9J 6X2

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

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

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



DO NOT WRITE IN THIS SPACE

SIGNATURE: J. ERWIN 01/20/99 941-627-4275