

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 730037

1. Entity Name

EDGEWATER VILLAGE CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business

Mailing Address

22375 EDGEWATER DR.

~~PO BOX 260~~ UNIT 260  
PUNTA GORDA FL 33980

22375 EDGEWATER DR.

~~PO BOX 260~~  
PUNTA GORDA FL 33980

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

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

FL

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

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

TITLE DIRECTOR  
NAME PETRILLI, ANNE MARIE  
STREET ADDRESS 22375 EDGEWATER DR #115  
CITY-ST-ZIP PUNTA GORDA FL 33980 ☐ Change ☒ Addition

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

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

TITLE S  
NAME LOMBARDO, FLORENCE  
STREET ADDRESS 215 MONTMORENCY DR  
CITY-ST-ZIP HAMILTON ONTARIO CA L8-K5H3 ☐ Delete

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

TITLE T  
NAME IRWIN, JIM  
STREET ADDRESS 998 JOHN ST  
CITY-ST-ZIP DUNNVILLE ONTARIO CA N1-A2R8 ☐ Delete

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

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

TITLE DIRECTOR  
NAME ROGERS, SHARON  
STREET ADDRESS 52650 ASHLEY  
CITY-ST-ZIP NEW BALTIMORE, MICH 48047 ☐ Change ☒ Addition

TITLE D  
NAME SPINO, FRANK  
STREET ADDRESS RR #1  
CITY-ST-ZIP PETARBOROUGH ONTARIO CA K9-J6X2 ☐ Delete

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

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

January 17/01

941-627-  
941-4275

CR2E037 (10/00)

FILED  
Jan 29, 2001 8:00 am  
Secretary of State

01-29-2001 90027 008 \*\*\*\*61.25



DO NOT WRITE IN THIS SPACE