

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 730037

1. Entity Name

EDGEWATER VILLAGE CONDOMINIUM ASSOCIATION, INC.

**FILED**  
Feb 01, 2002 8:00 am  
Secretary of State

02-01-2002 90032 021 \*\*\*\*61.25

Principal Place of Business

22375 EDGEWATER DR.  
~~PO BOX 260~~  
PUNTA GORDA FL 33980

Mailing Address

22375 EDGEWATER DR.  
~~PO BOX 260~~ UNIT 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 (R.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	<input type="checkbox"/> Delete
NAME	FRANCO, LOU	
STREET ADDRESS	114 DELMAR DR.	
CITY-ST-ZIP	ONTARIO CANADA L9C-1J9	
TITLE	D	<input type="checkbox"/> Delete
NAME	CHEPURNY, ALEX	
STREET ADDRESS	P.O. BOX 311 HOLLAND LANDING	
CITY-ST-ZIP	ONTARIO CA	
TITLE	S	<input type="checkbox"/> Delete
NAME	LOMBARDO, FLORENCE	
STREET ADDRESS	215 MONTMORENCY DR	
CITY-ST-ZIP	HAMILTON ONTARIO CA L8-K5H3	
TITLE	T	<input checked="" type="checkbox"/> Delete
NAME	IRWIN, JIM	
STREET ADDRESS	998 JOHN ST	
CITY-ST-ZIP	DUNNVILLE ONTARIO CA N1-A2R8	
TITLE	TREASURER	<input type="checkbox"/> Delete
NAME	ROGERS, SHARON	
STREET ADDRESS	52650 ASHLEY	
CITY-ST-ZIP	NEW BALTIMORE MI 48047	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	SPINO, FRANK	
STREET ADDRESS	RR #1	
CITY-ST-ZIP	PETARBOROUGH ONTARIO CA K9-J6X2	

TITLE	DIRECTOR	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	PETRILLI, ANNE MARIE	
STREET ADDRESS	22375 EDGEWATER DR #115	
CITY-ST-ZIP	PUNTA GORDA, FL 33980	
TITLE	DIRECTOR	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MERLO, MARILYN	
STREET ADDRESS	270 HIXON RD	
CITY-ST-ZIP	HAMILTON ONT. CANADA L8K2C5	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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 SHARON ROGERS 1-7-02

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)