

# 2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 29, 2003 8:00 am**  
**Secretary of State**

01-29-2003 90180 020 \*\*\*\*61.25

**DOCUMENT # 730037**

1. Entity Name

**EDGEWATER VILLAGE CONDOMINIUM ASSOCIATION, INC.**



Principal Place of Business

**22375 EDGEWATER DR.  
PUNTA GORDA FL 33980**

Mailing Address

**22375 EDGEWATER DR.  
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**

☐ CHECK HERE IF MAKING CHANGES



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. I am familiar with, and accept the obligations of registered agent.

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  
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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

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

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

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

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

TITLE ☒ Delete  
NAME **D**  
STREET ADDRESS **PETRILLI, ANNE MARIE**  
CITY-ST-ZIP **22375 EDGEWATER DRIVE #115  
PUNTA GORDA FL 33980**

TITLE ☐ Change ☒ Addition  
NAME **William RUSHFORD**  
STREET ADDRESS **34408 W. 9 mile**  
CITY-ST-ZIP **FARMINGTON HILLS, MI 48335**

TITLE ☐ Delete  
NAME **T**  
STREET ADDRESS **ROGERS, SHARON**  
CITY-ST-ZIP **52650 ASHLEY  
NEW BALTIMORE MI 48047**

TITLE ☐ Change ☒ Addition  
NAME **D**  
STREET ADDRESS **ADAIR JENKINS**  
CITY-ST-ZIP **238 LOYMINN AVE  
ANCASTER ON L9G1J1 CANADA**

TITLE ☐ Delete  
NAME **D**  
STREET ADDRESS **MERLO, MARILYN**  
CITY-ST-ZIP **270 HIXON ROAD  
HAMILTON, ONTARIO CA L8-K2C5**

TITLE ☐ Change ☐ 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:

*SHARON ROGERS*  
**SHARON ROGERS**

*Treasurer 1-27-03 941-625-9404*

CR2E037 (10/02)