FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 FEB -3 PM 1:36

DOCUMENT # **750133** **(1)**

1. Corporation Name

THE EDWARDIAN CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business	Mailing Address
112 EDWARDS LANE PALM BEACH SHORES FL 33404	112 EDWARDS LANE PALM BEACH SHORES FL 33404

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 12/11/1979
3a. Date of Last Report: 01/20/1994
4. FEI Number: 59-1998101 ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☒ $8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☒ $68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

9. Name and Address of Current Registered Agent

METTLER, THOMAS M
340 ROYAL POINCIANA PLAZA
PALM BCH, FL
33480

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PSD	1.1 TITLE	P	☒ Change ☐ Addition
NAME	BROWN, SARAH A.	1.2 NAME	Richard Kelly	
STREET ADDRESS	16 ALAN AVENUE	1.3 STREET ADDRESS	112 Edwards Lane	
CITY-ST-ZIP	GLEN ROCK NJ	1.4 CITY-ST-ZIP	Palm Beach Shores, Fl.	
TITLE	S	2.1 TITLE	S	☒ Change ☐ Addition
NAME	ANDERSON, RUTH	2.2 NAME	Judith Woodruff	
STREET ADDRESS	112 EDWARD LANE	2.3 STREET ADDRESS	112 Edwards Lane	
CITY-ST-ZIP	PALM BCH SHORES FL	2.4 CITY-ST-ZIP	Palm Beach Shores Fl.	
TITLE	TM	3.1 TITLE		☐ Change ☐ Addition
NAME	SMAYDA, GLORIA	3.2 NAME		
STREET ADDRESS	1520-A FOREST LAKES CIR	3.3 STREET ADDRESS		
CITY-ST-ZIP	W PALM BCH, FL 00000	3.4 CITY-ST-ZIP		
TITLE	VD	4.1 TITLE		☐ Change ☐ Addition
NAME	KELLY, JANICE	4.2 NAME		
STREET ADDRESS	112 EDWARDS LANE	4.3 STREET ADDRESS		
CITY-ST-ZIP	PALM BEACH SHORES FL	4.4 CITY-ST-ZIP		
TITLE	D	5.1 TITLE		☐ Change ☐ Addition
NAME	BROWN, SARAH A.	5.2 NAME		
STREET ADDRESS	16 ALAN AVE.	5.3 STREET ADDRESS		
CITY-ST-ZIP	GLEN ROCK NJ	5.4 CITY-ST-ZIP		
TITLE	D	6.1 TITLE		☐ Change ☐ Addition
NAME	KENDALL, TERRY	6.2 NAME		
STREET ADDRESS	275 GEORGE WASHINGTON TPKE	6.3 STREET ADDRESS		
CITY-ST-ZIP	BURLINGTON CT	6.4 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Gloria Elaine Smayda T/M 1/29/95 642-8952
SIGNATURE AND TYPED OR PRINTED NAME OF OFFICER OR DIRECTOR — Date — Daytime Phone #

Gloria Elaine Smayda

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