

# FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
**1996**



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

**DOCUMENT # 750133 (1)**  
1. Corporation Name  
**THE EDWARDIAN CONDOMINIUM ASSOCIATION, INC.**



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

3. Date Incorporated or Qualified **12/11/1979** 3a. Date of Last Report **02/03/1995**  
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**  
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 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.  
22 City & State 27 City & State  
23 Zip 28 Zip Country 29 Zip Country  
24 25 29 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 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

## SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

## 12. OFFICERS AND DIRECTORS

TITLE	P	<input checked="" type="checkbox"/> DELETE
NAME	KELLY, RICHARD	
STREET ADDRESS	112 EDWARDS LANE	
CITY-ST-ZIP	PALM BEACHSHORES FL	
TITLE	S	<input type="checkbox"/> DELETE
NAME	WOODRUFF, JUDITH	
STREET ADDRESS	112 EDWARDS LANE	
CITY-ST-ZIP	PALM BEACHSHORES FL	
TITLE	TM	<input checked="" type="checkbox"/> DELETE
NAME	SMAYDA, GLORIA	
STREET ADDRESS	1520-A FOREST LAKES CIR	
CITY-ST-ZIP	W PALM BCH, FL 00000	
TITLE	VD	<input checked="" type="checkbox"/> DELETE
NAME	KELLY, JANICE	
STREET ADDRESS	112 EDWARDS LANE	
CITY-ST-ZIP	PALM BEACH SHORES FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	BROWN, SARAH A.	
STREET ADDRESS	16 ALAN AVE.	
CITY-ST-ZIP	GLEN ROCK NJ	
TITLE	D	<input type="checkbox"/> DELETE
NAME	KENDALL, TERRY	
STREET ADDRESS	275 GEORGE WASHINGTON TPKE	
CITY-ST-ZIP	BURLINGTON CT	

## 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	<b>PRESIDENT</b>
1.3 STREET ADDRESS	<b>DRESSER, ROBERT</b>
1.4 CITY-ST-ZIP	<b>112 EDWARDS LANE</b>
2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	<b>SECRETARY/TREASURER</b>
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	<b>600001740796</b>
5.3 STREET ADDRESS	<b>03/13/96--01021--00</b>
5.4 CITY-ST-ZIP	<b>***61.25</b>
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
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)(k), 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 in 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:** *Judith B. Woodruff* - JUDITH B. WOODRUFF 3/6/96 407-848-1154  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (12/95)