FILE NOW: FILING FEE IS \$61.25

NONPROFIT **CORPORATION ANNUAL REPORT**



FLORIDA DEPARTMENT OF STATE

Sandra B. Mørtham f

Secretary of State DIVISION OF CORPORATIONS

1997 DOCUMENT # 750133

(1)

THE EDWARDIAN CONDOMINIUM ASSOCIATION, INC.

FILED Jun 06 1997 8:00am Secretary of State



Principal Plac	e of Busines	S	Mailing	Mailing Address							
112 EDWARDS				112 EDWARDS LANE							
PALM BEACH S	HORES FL 3	3404	PALM B	each shores fi	L 33404-57	17					
								3. Date incorporated or Qualified 12/11/1979	3a. Da	te of Last R 03/12/199	Report 96
2. Principal P	lace of Busin	1088	2a . Ma	2a. Mailing Address				4. FEI Number		Ar	oplied For
21			26					59-1998101		No	ot Applicable
l Suite. Apt.	#, etc.		— — —	Suite, Apt. #, etc.				5. Certificate of Status Desired			Additional
22 City & State			27	City & State							equired
	U			28				6. Election Campaign Financing Trust Fund Contribution			May Be
Zip	Zip Country			Zip Country				110000101000			
24	25		29	├ ┐ ` ├─┐				8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes			
	9, Name	and Address of Cur		d Agent	1001	Ι		10. Name and Address of New R			
						81	Name				
METTLER, THOMAS M						82	Stroot	Address (P.O. Box Number is Not Accepta	201		
		ANA PLAZA		62 Stieet Ad			311661	Address (F.O. Box Number is Not Accepta	лөд		
	EACH FL 3			Ī							
	· · · · · ·					84	City			ies Zin	Code
						[]	-		FL		
11. Pursuant	to the provis	ions of Sections 617.0	502 and 617.1	508, Florida Statu	ites, the a	bove	-named	corporation submits this statement for the	ourpose of	changing if	ts registered
agent. I a	egistereo ag ım f am iliar wi	th, and accept the ob	ligations of, Se	ction 617.0503, F	l authorize Torida Stat	a by tutes	r ine corj L	corporation submits this statement for the poration's board of directors. I hereby acce	bt the appt	anument as	registered
SIGNATURE											
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered							nt signature	e required when reinstating)	DATE	DIDECTOR	
12.	0/8	OFFICERS A	AND DIRECTO	RS DELETE	13. 1.1 Ti	TIE		ADDITIONS/CHANGES TO OFFI	JEHS AND	Change	AS IN 12 Addition
NAME	PAD	R, ROBERT		[] DELETE	1.1 II 1.2 N			·		L_1 Change	LJ Addition
	UNESSE 110 ENV	vards lane —#	<i>I</i> \2				1000500				
STREET ADDRESS		EACH SHORES FL					ADDRESS	•			
CITY-ST-ZIP TITLE	ST	ACH SHORES FE	· · · · · · · · · · · · · · · · · · ·	DELETE	2.1 Ti	TIE	I - ZIP			Change	Addition
		UFF, JUDITH		DECENE	2.1 H					Onlings	L) Addition
NAME CYDCEY ADDRESS	110 EDV	VARDS LANE #1 6	n (*******				
STREET ADDRESS City-St-Zip		ACHSHORES FL	,				ADDRESS IT-ZIP	1			
TITLE	D	DOTTOTIONED I E		DELETE	3.1 1		H-ZIF			Change	Addition
NAME		L, TERRY			3.2 N						
STREET ADDRESS		RGE WASHINGTO	N TPKE				ADDRESS	•			
CITY-ST-2IP		TON CT	., ,,,,,	3.4.0							
TITLE	D			DELETE	4.1 TI		.,	n -	-	Change	Addition
NAME	BROWN.	SARAH A		<i>.</i>	4.2 N	IAME		POURIN MADGARET	. /		
STREET ADDRESS	16 ALAN				4.3 ST	IREET	ADDRESS	112 EDIDAPTS LANE			1
CITY-ST-ZIP	GLEN R					ITY-S		RUBIN, MARGARET 112 EDWARDS LANE PALM BEACH SHORES	FL.		
TITLE				DELETE	5.1 (1			1 / In . Ok (se) Die Kho		Change	Addition
NAME					5.2 N					-	
STREET ADDRESS					5.3 ST	TREET	ADDRESS				
CITY-ST-ZIP					5.4 CI				*		
TITLE				DELETE	6.1 TI		· · · · · · · · · · · · · · · · · · ·		1	Change	Addition
NAME					6.2 N/	AME					
STREET ADORESS							ADDRESS				
CITY-ST-ZIP					6.4 CI				1.4		

I do hereby certify that the information supplied with this filling 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