## FILE NOW: FILING FEE IS \$61.25

**FILED** Apr 29 1998 8:00am NONPROFIT FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham ANNUAL REPORT Secretary of State Secretary of State 1998 DIVISION OF CORPORATIONS **DOCUMENT #**1. Corporation Name 750133 (1)THE EDWARDIAN CONDOMINIUM ASSOCIATION, INC. Principal Place of Business Mailing Address 112 EDWARDS LANE 112 EDWARDS LANE 3. Date Incorporated or Qualified PALM BEACH SHORES FL 33404 PALM BEACH SHORES FL 33404 12/11/1979 4. FEI Number Applied For 59-1998101 Not Applicable 2a. Malling Address 2. Principal Place of Business \$8.75 Additional 5. Certificate of Status Desired 112 EDWARDS L 26 Fee Required Suite, Apt. #, etc Suite, Apt. #, etc. \$5.00 May Be 6. Election Campaign Financing 27 **Trust Fund Contribution** Added to Fees City & State 7. Is this nonprofit corporation a horpeowners association? Yes □ No 28 Zip Country 8. This corporation owes or has paid the current year Intangible ☐ Yes 30 Personal Property Tax due June 30. 29 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent Name METTLER, THOMAS M Street Address (P.O. Box Number is Not Acceptable) 340 ROYAL POINCIANA PLAZA 83 PALM BEACH FL 33480 64 City 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) 12. OFFICERS AND DIRECTORS 13. DELETE Change Addition TITLE 1.1 TITLE DRESSER, ROBERT NAME 1.2 NAME CRZE037 112 EDWARDS LN, #102 STREET ADDRESS 1.3 STREET ADDRESS PALM BEACH SHORES FL CITY-ST-ZIP 1.4 CITY-ST-ZIP DELETE Change ☐ Addition TITLE 2.1 TITLE WOODRUFF, JUDITH NAME 2.2 NAME STREET ADDRESS 112 EDWARDS LN. #101 2.3 STREET ADDRESS PALM BEACHSHORES FL CITY-ST-ZIP 2. 4 CITY-ST-ZIP ☐ DELETE Change Addition TITLE 3.1 TITLE KENDALL, TERRY NAME 3.2 NAME 275 GEORGE WASHINGTON TPKE STREET ADDRESS 3.3 STREET ADDRESS **BURLINGTON CT** CITY-ST-ZW 3.4. CITY-ST-ZIP TITLE ☐ DELETE 4.1 TITLE Change Addition NAME RUBIN, MARGARET 4. 2 NAME 112 EDWARDS LANE STREET ADDRESS 4.3 STREET ADDRESS PALM BEACH SHORES FL CITY-51-29P 44 CITY-ST-712 DELETE Addition TITLE 5.1 TITLE Change NAME 5.2 NAME STREET ADDRESS **5.3 STREET ADDRESS** CITY-ST-ZIP 5.4 CITY-ST-ZIP

14. 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 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.

6.1 TITLE

62 NAME

6.3 STREET ADDRESS 6.4 CITY-ST-ZIP

SIGNATURE:

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

DELETE

561-848-1154

Change

\_\_\_ Addition