

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 22, 2002 8:00 am
Secretary of State

07-22-2002 90167 031 ****61.25

DOCUMENT # 750133

1. Entity Name

THE EDWARDIAN CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business

Mailing Address

112 EDWARDS LANE
 201
 PALM BEACH SHORES FL 33404

112 EDWARDS LANE
 201
 PALM BEACH SHORES FL 33404

2. Principal Place of Business

3. Mailing Address

112 Edwards Lane

112 Edwards Lane

Suite, Apt. #, etc.

Suite, Apt. #, etc.

101

101

City & State

Palm Beach Shores FL 33404

City & State

Palm Beach Shores FL

Zip

33404

Country

US A

Zip

33404

Country

4. FEI Number

59-1998101

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

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

After September 13, 2002,
min. will be \$236.25.

9. Election Campaign Financing
 Trust Fund Contribution. ☐

\$5.00 May Be
 Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Delete
 NAME **PTD**
 STREET ADDRESS **GAGNON, CHRIS**
 CITY-ST-ZIP **112 EDWARDS LANE, #201**
PALM BEACH SHORES FL 33404

TITLE ☒ Change ☐ Addition
 NAME **TD**
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME **SD**
 STREET ADDRESS **FORTUNE, LEONARD**
 CITY-ST-ZIP **112 EDWARDS LN, #101**
PALM BEACH SHORES FL 33404

TITLE ☒ Change ☐ Addition
 NAME **PD**
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME **OD**
 STREET ADDRESS **POMPILLIO, RONALD**
 CITY-ST-ZIP **2045 N EMERSON ST**
MELROSE PARK IL 60164

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

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

TITLE ☐ Delete
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TITLE ☐ Change ☐ Addition
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TITLE ☐ Delete
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 CITY-ST-ZIP

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: SIGNATURE REQUIRED

[Handwritten Signature] 501841-3112

CR2E037 (4/02)