

FILE NOW: FILING FEE IS \$61.25

FILED
Apr 28 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **750727** (0)
1. Corporation Name
EDGEWATER MANOR HOMEOWNER'S ASSOCIATION



Principal Place of Business 2112 EDGEWATER CIRCLE SE WINTER HAVEN FL 33880	Mailing Address 2112 EDGEWATER CIRCLE SE WINTER HAVEN FL 33880-4646
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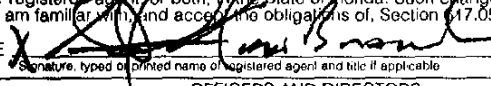
3. Date Incorporated or Qualified 01/23/1980	3a. Date of Last Report 05/01/1996
4. FEI Number 59-2882825	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country
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9. Name and Address of Current Registered Agent
**BRANCH NEAL A.
2112 EDGEWATER CIR SE
WINTER HAVEN FL 33880**

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  DATE _____
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS	
TITLE	PD <input checked="" type="checkbox"/> DELETE
NAME	BRANCH, NEAL A.
STREET ADDRESS	2112 EDGEWATER CIR. SE
CITY-ST-ZIP	WINTER HAVEN, FL 00000
TITLE	V <input checked="" type="checkbox"/> DELETE
NAME	NORRIS ALLEN
STREET ADDRESS	2107 EDGEWATER CIR. SE
CITY-ST-ZIP	WINTER HAVEN, FL 00000
TITLE	T <input type="checkbox"/> DELETE
NAME	BRANCH, DEBRA J.
STREET ADDRESS	2112 EDGEWATER CIR. SE
CITY-ST-ZIP	WINTER HAVEN, FL 00000
TITLE	S <input type="checkbox"/> DELETE
NAME	FILPEK, SHIRLEY
STREET ADDRESS	2125 EDGEWATER CIR S.E.
CITY-ST-ZIP	WINTER HAVEN, FL 00000
TITLE	D <input checked="" type="checkbox"/> DELETE
NAME	ADAMS, GREG
STREET ADDRESS	2135 EDGEWATER CIR. SE
CITY-ST-ZIP	WINTER HAVEN FL
TITLE	D <input checked="" type="checkbox"/> DELETE
NAME	WINTERS, DEBORAH
STREET ADDRESS	2122 EDGEWATER CIR. SE
CITY-ST-ZIP	WINTER HAVEN FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	PD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	BOB DAVIDSON
1.3 STREET ADDRESS	2119 EDGEWATER CIR. SE
1.4 CITY-ST-ZIP	WINTER HAVEN, FL 33880
2.1 TITLE	VP <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	RON EDMISTON
2.3 STREET ADDRESS	2113 EDGEWATER CIR SE
2.4 CITY-ST-ZIP	WINTER HAVEN, FL 33880
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	DKIRK SMITH <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	2124 EDGEWATER CIR SE
5.4 CITY-ST-ZIP	WINTER HAVEN, FL 33880
6.1 TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	NEAL BRANCH
6.3 STREET ADDRESS	2112 EDGEWATER CIR SE
6.4 CITY-ST-ZIP	WINTER HAVEN, FL 33880

14. I do 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.

SIGNATURE  DATE **4/14/97** **011-225-2233**

CR2E037 (9/96)