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NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
Jun 09, 1999 8:00 am  
Secretary of State

06-09-1999 90025 013 \*\*\*\*61.25

DOCUMENT # 750727

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



2. Principal Place of Business

2126 Edgewater Cr. S.E.

2a. Mailing Address

Suite, Apt. #, etc.

3. Date Incorporated or Qualified

01/23/1980

4. FEI Number

59-2882825

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

9. Name and Address of Current Registered Agent

AWKERMANN, MARILYN J  
2123 EDGEWATER CIR SE  
WINTER HAVEN FL 33880

10. Name and Address of New Registered Agent

81 Name

Tory Smith

82 Street Address (P.O. Box Number is Not Acceptable)

2126 Edgewater Cr. S.E.

83

Winter Haven, FL.

84 City

FL

85 Zip Code

33880

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

Tory Smith, Inc. - Registered Agent

6/1/99

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

(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME  
FULTZ, DAVID N  
STREET ADDRESS  
2133 EDGEWATER CIR SE  
CITY-ST-ZIP  
WINTER HAVEN FL 33880

TITLE ☒ DELETE

NAME  
SMITH, KIRK  
STREET ADDRESS  
2124 EDGEWATER CIR SE  
CITY-ST-ZIP  
WINTER HAVEN FL 33880

TITLE ☒ DELETE

NAME  
AWKERMANN, MARILYN J  
STREET ADDRESS  
2123 EDGEWATER CIR SE  
CITY-ST-ZIP  
WINTER HAVEN, FL 00000 33880

TITLE ☐ DELETE

NAME  
FILIPEK, SHIRLEY  
STREET ADDRESS  
2125 EDGEWATER CIR S.E.  
CITY-ST-ZIP  
WINTER HAVEN, FL 00000 33880

TITLE ☐ DELETE

NAME  
DAVIDSON, BOB  
STREET ADDRESS  
2119 EDGEWATER CIR SE  
CITY-ST-ZIP  
WINTER HAVEN FL 33880

TITLE ☐ DELETE

NAME  
KENDRICK, THELMA  
STREET ADDRESS  
2137 EDGEWATER CIR SE  
CITY-ST-ZIP  
WINTER HAVEN FL 33880

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

No Change

2.1 TITLE ☒ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

VP  
Frank Daniels  
2105 Edgewater Cr. S.E.  
Winter Haven, FL. 33880

3.1 TITLE ☒ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

T  
Tory Smith  
2126 Edgewater Cr. S.E.  
Winter Haven, FL. 33880

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

No Change

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

No Change

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

No Change

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, with all other like empowered.

SIGNATURE: Tory Smith, Inc. - Registered Agent

6/1/99

941-293-2493

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

0058685

CR2E037 (11/98)