

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 750727

1. Entity Name

EDGEWATER MANOR HOMEOWNER'S ASSOCIATION

FILED
May 22, 2000 8:00 am
Secretary of State

05-22-2000 90010 047 ****61.25

Principal Place of Business

2126 EDGEWATER CR SE
WINTER HAVEN FL 33880

Mailing Address

2126
~~2126~~ EDGEWATER CIRCLE SE
WINTER HAVEN FL 33880-4646

2. Principal Place of Business

2126 Edgewater Cr. S.E.
Suite, Apt. #, etc.

3. Mailing Address

2126 Edgewater Cr. S.E.
Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

Winter Haven, FL

City & State

Winter Haven, FL

4. FEI Number

59-2882825

Applied For

Not Applicable

Zip

33880

Country

USA

Zip

33880

Country

USA

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

SMITH, TORY
2126 EDGEWATER CR SE
WINTER HAVEN FL 33880

7. Name and Address of New Registered Agent

Name

Same as #6

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.

SIGNATURE

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

(NOTE: Registered Agent's signature required when reinstating)

DATE

Jory Smith

4/29/00

FILE NOW:

FEE IS \$61.25

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

TITLE	P	<input type="checkbox"/> Delete
NAME	FULTZ, DAVID N	
STREET ADDRESS	2133 EDGEWATER CIR SE	
CITY-ST-ZIP	WINTER HAVEN FL 33880	
TITLE	VP	<input type="checkbox"/> Delete
NAME	DANIELS, FRANK	
STREET ADDRESS	2105 EDGEWATER CR SE	
CITY-ST-ZIP	WINTER HAVEN FL 33880	
TITLE	T	<input type="checkbox"/> Delete
NAME	SMITH, TORY	
STREET ADDRESS	2126 EDGEWATER CR SE	
CITY-ST-ZIP	WINTER HAVEN FL 33880	
TITLE	S	<input type="checkbox"/> Delete
NAME	FILPEK, SHIRLEY	
STREET ADDRESS	2125 EDGEWATER CIR S.E.	
CITY-ST-ZIP	WINTER HAVEN FL 33880	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	DAVIDSON, BOB	
STREET ADDRESS	2119 EDGEWATER CIR SE	
CITY-ST-ZIP	WINTER HAVEN FL 33880	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	KENDRICK, THELMA	
STREET ADDRESS	2137 EDGEWATER CIR SE	
CITY-ST-ZIP	WINTER HAVEN FL 33880	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Carl Holm	
STREET ADDRESS	2113 Edgewater Cr. S.E.	
CITY-ST-ZIP	Winter Haven, FL 33880	
TITLE	VP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Bob Davidson	
STREET ADDRESS	2119 Edgewater Cr S.E.	
CITY-ST-ZIP	Winter Haven, FL 33880	
TITLE	T	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Tory Smith	
STREET ADDRESS	2126 Edgewater Cr. S.E.	
CITY-ST-ZIP	Winter Haven, FL 33880	
TITLE	S	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Shirley Filpek	
STREET ADDRESS	2125 Edgewater Cr S.E.	
CITY-ST-ZIP	Winter Haven, FL 33880	
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	David Fultz	
STREET ADDRESS	2133 Edgewater Cr S.E.	
CITY-ST-ZIP	Winter Haven, FL 33880	
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Frank Daniels	
STREET ADDRESS	2105 Edgewater Cr S.E.	
CITY-ST-ZIP	Winter Haven, FL 33880	

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/29/00

Date

863-293-2493

Daytime Phone #

CR2E037 (9/99)