

2002 UNIFORM BUSINESS REPORT (UBR)

FILED

Mar 06, 2002 8:00 am
Secretary of State

03-06-2002 90101 048 ****61.25

DOCUMENT # 750727

1. Entity Name

EDGEWATER MANOR HOMEOWNER'S ASSOCIATION

Principal Place of Business

Mailing Address

2139 EDGEWATER CIRCLE SOUTHEAST
WINTER HAVEN FL 33880

2139 EDGEWATER CIRCLE SOUTHEAST
WINTER HAVEN FL 33880

2. Principal Place of Business

2139 Edgewater Circle

3. Mailing Address

2139 Edgewater Circle

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Winter Haven FL

City & State

Winter Haven FL

Zip

Country

33880-4647 Polk

Zip

Country

33880-4647 Polk

6. Name and Address of Current Registered Agent

MCCANN, OPAL
2139 EDGEWATER CIRCLE SOUTHEAST
WINTER HAVEN FL 33880

4. FEI Number

59-2882825

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

7. Name and Address of New Registered Agent

Name

SAME

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

Opal M. McCann, Treasurer

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

(NOTE: Registered Agent signature required when reinstating)

1/24/02

DATE

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 checked="" type="checkbox"/> Delete
NAME	WURTZ, BOB	
STREET ADDRESS	2111 EDGEWATER CIRCLE SOUTHEAST	
CITY-ST-ZIP	WINTER HAVEN FL 33880	
TITLE	VP	<input checked="" type="checkbox"/> Delete
NAME	DAVIDSON, BOB	
STREET ADDRESS	2119 EDGEWATER CR SE	
CITY-ST-ZIP	WINTER HAVEN FL 33880	
TITLE	T	<input type="checkbox"/> Delete
NAME	MCCANN, OPAL	
STREET ADDRESS	2139 EDGEWATER CIRCLE SOUTHEAST	
CITY-ST-ZIP	WINTER HAVEN FL 33880	
TITLE	S	<input type="checkbox"/> Delete
NAME	FILUPEK, SHIRLEY	
STREET ADDRESS	2125 EDGEWATER CIR S.E.	
CITY-ST-ZIP	WINTER HAVEN FL 33880	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	HOLM, CARL	
STREET ADDRESS	2133 EDGEWATER CIRCLE SOUTHEAST	
CITY-ST-ZIP	WINTER HAVEN FL 33880	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	SMITH, TORY	
STREET ADDRESS	2126 EDGEWATER CIRCLE SOUTHEAST	
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	Terry Haynes	
STREET ADDRESS	2101 Edgewater Circle	
CITY-ST-ZIP	Winter Haven, FL 33880	
TITLE	VP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Kirk Smith	
STREET ADDRESS	2126 Edgewater Circle	
CITY-ST-ZIP	Winter Haven, FL 33880	
TITLE	T	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SAME	
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	S	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SAME	
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Bob Wurtz	
STREET ADDRESS	2111 Edgewater Circle	
CITY-ST-ZIP	Winter Haven, FL	
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Frank Daniels	
STREET ADDRESS	2105 Edgewater Circle	
CITY-ST-ZIP	Winter Haven, FL	

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

Opal M. McCann, Treasurer

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2/15/02 863-299-3932

CR2E037 (9/01)