

**FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00**

CORPORATION  
ANNUAL REPORT  
1995



FLORIDA DEPARTMENT OF STATE  
Sandra B. Northam  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

95 MAR 30 AM 10:38

DOCUMENT # 753650 (1)  
1. Corporation Name  
EDGEWATER CLUB, INC.

Principal Place of Business Mailing Address  
2940 WAXWING 2940 WAXWING  
ENGLEWOOD FL 34224 ENGLEWOOD FL 34224

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 08/06/1980 3a. Date of Last Report 03/11/1994  
4. FEI Number 59-2193013 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  
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status  \$68.75 Supplemental Fee Not Required  
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes  Yes  No

2. Principal Place of Business 21 2a. Mailing Address 26  
Suite, Apt. #, etc. 22 Suite, Apt. #, etc. 27  
City & State 23 City & State 28  
Zip 24 Country 25 Zip 29 Country 30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

WIELAND, RICHARD  
1347 PARTRIDGE  
ENGLEWOOD FL 34224

81 Name KING, HOWARD  
82 Street Address (P.O. Box Number is Not Acceptable) 6156 PARTRIDGE AVE  
83  
84 City ENGLEWOOD FL 85 Zip Code 34224

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE *Howard King* HOWARD KING 3-24-95  
Signature typed or printed name of the Registered Agent and this office (Signature) (NOTE: Registered Agent signature required when transferring) DATE

| 12. OFFICERS AND DIRECTORS |                       | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 |  |
|----------------------------|-----------------------|---|--|
| TITLE                      | P                     | 1 1 TITLE   | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | WIELAND, RICHARD      | 1 2 NAME  | KING, HOWARD   |
| STREET ADDRESS             | 1347 PARTRIDGE        | 1 3 STREET ADDRESS                                    | 6156 PARTRIDGE AVE   |
| CITY - ST - ZIP            | ENGLEWOOD FL          | 1 4 CITY - ST - ZIP                                   | ENGLEWOOD FL 34224   |
| TITLE                      | V                     | 2 1 TITLE   | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | KING, HOWARD          | 2 2 NAME  | HAY, CHARLES   |
| STREET ADDRESS             | 6156 PARTRIDGE        | 2 3 STREET ADDRESS                                    | 2845 PENGUIN LN  |
| CITY - ST - ZIP            | ENGLEWOOD, FL 00000   | 2 4 CITY - ST - ZIP                                   | ENGLEWOOD FL 34224   |
| TITLE                      | S                     | 3 1 TITLE   | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | ELLIS, NANA           | 3 2 NAME  | MACDONALD, T. H.   |
| STREET ADDRESS             | 1324 PARTRIDGE        | 3 3 STREET ADDRESS                                    | 1364 SANDERLING DR   |
| CITY - ST - ZIP            | ENGLEWOOD, FL 00000   | 3 4 CITY - ST - ZIP                                   | ENGLEWOOD FL 34224   |
| TITLE                      | T                     | 4 1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME                       | DOSTIE, LYDIA         | 4 2 NAME  |  |
| STREET ADDRESS             | 2840 PENGUIN LANE     | 4 3 STREET ADDRESS                                    |  |
| CITY - ST - ZIP            | ENGLEWOOD, FL 00000   | 4 4 CITY - ST - ZIP                                   |  |
| TITLE                      | D                     | 5 1 TITLE   | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | PENN, EDWARD          | 5 2 NAME  | ZUMBAHLEN, ED  |
| STREET ADDRESS             | 1411 PARAKEET ROAD    | 5 3 STREET ADDRESS                                    | 6276 BLUNTING LN   |
| CITY - ST - ZIP            | ENGLEWOOD FL          | 5 4 CITY - ST - ZIP                                   | ENGLEWOOD FL 34224   |
| TITLE                      | D                     | 6 1 TITLE   | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | SWEEDLER, CARMEN      | 6 2 NAME  | SMEEDLEY, NORMAN   |
| STREET ADDRESS             | 1442 SANDERLING DRIVE | 6 3 STREET ADDRESS                                    | 6333 PARTRIDGE AVE   |
| CITY - ST - ZIP            | ENGLEWOOD FL          | 6 4 CITY - ST - ZIP                                   | ENGLEWOOD FL 34224   |

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 1 (0.07)(3)(b), 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 017, Florida Statutes, and that my name appears in Block 12 or Block 13 of changed, or on an attachment with an address.

SIGNATURE: *Lydia R. Dostie* 3-24-95 8134755378  
Signature typed or printed name of signing officer or director Date Signature Print #  
LYDIA R. DOSTIE