

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996



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

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



Principal Place of Business: 2840 WAXWING ENGLEWOOD FL 34224
Mailing Address: 2840 WAXWING ENGLEWOOD FL 34224

3. Date Incorporated or Qualified: 08/06/1980
3a. Date of Last Report: 03/30/1995
4. FEI Number: 59-2193013
5. Certificate of Status Desired: \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution: \$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

2. Principal Place of Business: 21, 22, 23, 24
2a. Mailing Address: 26, 27, 28, 29, 30

9. Name and Address of Current Registered Agent
KING, HOWARD
6156 PARTRIDGE AE
ENGLEWOOD FL 34224

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
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: _____ (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KING, HOWARD	1.2 NAME	
STREET ADDRESS	6156 PARTRIDGE AVE	1.3 STREET ADDRESS	
CITY-ST-ZIP	ENGLEWOOD FL	1.4 CITY-ST-ZIP	
TITLE	V	2.1 TITLE	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	HAY, CHARLES	2.2 NAME	ZUMBAHLEN, ED
STREET ADDRESS	2845 PENGUIN LN	2.3 STREET ADDRESS	6276 Bunting LN
CITY-ST-ZIP	ENGLEWOOD, FL 00000	2.4 CITY-ST-ZIP	Englewood, FL 34224
TITLE	S	3.1 TITLE	S.
NAME	MACDONALD, T. H	3.2 NAME	NANA ELLIS
STREET ADDRESS	1364 SANDERLING DR	3.3 STREET ADDRESS	6149 Partridge Ave
CITY-ST-ZIP	ENGLEWOOD, FL 00000	3.4 CITY-ST-ZIP	Englewood FL 34224
TITLE	T	4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	DOSTIE, LYDIA	4.2 NAME	FRANCES B Williams
STREET ADDRESS	2840 PENGUIN LANE	4.3 STREET ADDRESS	1592 BLUE HERON DR
CITY-ST-ZIP	ENGLEWOOD, FL 00000	4.4 CITY-ST-ZIP	Englewood FL 34224
TITLE	D	5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ZUMBAHLEN, ED	5.2 NAME	Gordon Knight
STREET ADDRESS	6276 BUNTING LN	5.3 STREET ADDRESS	6258 Bunting LN
CITY-ST-ZIP	ENGLEWOOD FL	5.4 CITY-ST-ZIP	Englewood FL 34224
TITLE	D	6.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SMEDLEY, NORMAN	6.2 NAME	Joyce Nichols
STREET ADDRESS	6333 PARTRIDGE AVE	6.3 STREET ADDRESS	1429 Falcon Dr.
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 119.07(3)(k), 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: Frances B Williams FRANCES B. Williams 3/14/96 941-475-5717
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (12/95)