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FILED
Mar 28 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **753650** (1)
1. Corporation Name
EDGEWATER CLUB, INC.



Principal Place of Business 2840 WAXWING ENGLEWOOD FL 34224	Mailing Address 2840 WAXWING ENGLEWOOD FL 34224-4728
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2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 08/06/1980	3a. Date of Last Report 03/25/1996
21 Suite, Apt #, etc.	26 Suite, Apt #, etc.	4. FEI Number 59-2193013		Applied For Not Applicable	
22 City & State	27 City & State	5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
23 Zip	28 Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
24 Country	29 Country	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			

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

10. Name and Address of New Registered Agent

81 Name WADE CARL J	85 Zip Code FL
82 Street Address (P.O. Box Number is Not Acceptable) 1514 SANDERLING DR	
83 City Englewood Fla. 34224	

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: Carl J. Wade **CARL J. WADE** 3/25/97
Signature: typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	P	<input checked="" type="checkbox"/> DELETE
NAME	KING, HOWARD	
STREET ADDRESS	6156 PARTRIDGE AVE	
CITY-ST-ZIP	ENGLEWOOD FL	
TITLE	VP	<input checked="" type="checkbox"/> DELETE
NAME	ZUMBAHLEN, ED	
STREET ADDRESS	6276 BUNTING LN	
CITY-ST-ZIP	ENGLEWOOD, FL 00000	
TITLE	S	<input type="checkbox"/> DELETE
NAME	NANA, ELLIS	
STREET ADDRESS	6149 PARTRIDGE AVE	
CITY-ST-ZIP	ENGLEWOOD, FL 00000	
TITLE	T	<input type="checkbox"/> DELETE
NAME	WILLIAMS, FRANCES B.	
STREET ADDRESS	1592 BLUE HERON DR	
CITY-ST-ZIP	ENGLEWOOD, FL 00000	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	KNIGHT, GORDON	
STREET ADDRESS	6258 BUNTING LANE	
CITY-ST-ZIP	ENGLEWOOD FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	SMEDLEY, NORMAN	
STREET ADDRESS	6333 PARTRIDGE AVE	
CITY-ST-ZIP	ENGLEWOOD FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	WADE, CARL J	
1.3 STREET ADDRESS	1514 SANDERLING DR	
1.4 CITY-ST-ZIP	Englewood FL 34224	
2.1 TITLE	VP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Smedley, NORMAN	
2.3 STREET ADDRESS	6333 PARTRIDGE AVE	
2.4 CITY-ST-ZIP	Englewood, FL 34224	
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	SAME	
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	SAME	
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE	DMARCEL GLADYS	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	GLADYS MATE	
5.3 STREET ADDRESS	8784 TANAGER LN	
5.4 CITY-ST-ZIP	Englewood, FL 34224	
6.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	WIGGIN, Robert	
6.3 STREET ADDRESS	1501 MALLARD DR.	
6.4 CITY-ST-ZIP	Englewood, FL 34224	

14. I do 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.

SIGNATURE: Frances B. Williams **FRANCES B Williams** 3/24/97 941-425-5717
Signature AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0062524

CR2E037 (9/96)