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Mar 24 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		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
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21 2. Principal Place of Business	22 Suite, Apt. #, etc.	23 City & State	24 Zip	25 Country	26 2a. Mailing Address	27 Suite, Apt. #, etc.	28 City & State	29 Zip	30 Country
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3. Date Incorporated or Qualified 06/06/1980		
4. FEI Number 59-2193013	Applied For <input type="checkbox"/>	Not Applicable <input type="checkbox"/>
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees	
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input type="checkbox"/> No		
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No		

9. Name and Address of Current Registered Agent

**WADE, CAROL J.
1514 SANDERLING DR
ENGLEWOOD FL 34224**

10. Name and Address of New Registered Agent

81 Name	WADE, CARL J.
82 Street Address (P.O. Box Number is Not Acceptable)	1514 Sanderling Dr.
83	
84 City	Englewood, FL
85 Zip	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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P <input type="checkbox"/> DELETE	1.1 TITLE	P <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WADE, CAROL J.	1.2 NAME	WADE, CAROL J.
STREET ADDRESS	1514 SANDERLING DR	1.3 STREET ADDRESS	1514 Sanderling Dr.
CITY-ST-ZIP	ENGLEWOOD FL	1.4 CITY-ST-ZIP	Englewood, FL.
TITLE	VP <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SMEDLEY, NORMAN	2.2 NAME	SAME
STREET ADDRESS	6333 PATRIDGE AVE	2.3 STREET ADDRESS	
CITY-ST-ZIP	ENGLEWOOD, FL 00000	2.4 CITY-ST-ZIP	
TITLE	S <input checked="" type="checkbox"/> DELETE	3.1 TITLE	S <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	NANA, ELLIS	3.2 NAME	RIDDLE, BARBARA
STREET ADDRESS	6149 PARTRIDGE AVE	3.3 STREET ADDRESS	2800 Kiskadee Dr.
CITY-ST-ZIP	ENGLEWOOD, FL 00000	3.4 CITY-ST-ZIP	Englewood, FL.
TITLE	T <input checked="" type="checkbox"/> DELETE	4.1 TITLE	T <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	WILLIAMS, FRANCES B.	4.2 NAME	MATE' GLADYS
STREET ADDRESS	1592 BLUE HERON DR	4.3 STREET ADDRESS	2734 Tanager Lane
CITY-ST-ZIP	ENGLEWOOD, FL 00000	4.4 CITY-ST-ZIP	Englewood, FL.
TITLE	D <input checked="" type="checkbox"/> DELETE	5.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MATEL, GLADYS	5.2 NAME	HAY, HELEN
STREET ADDRESS	2734 Tanager Ln	5.3 STREET ADDRESS	2845 Penquin Lane
CITY-ST-ZIP	ENGLEWOOD FL	5.4 CITY-ST-ZIP	Englewood, FL.
TITLE	D <input type="checkbox"/> DELETE	6.1 TITLE	WIGGIN, ROBERT <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WIGGINS, ROBERT	6.2 NAME	1301 Mallard Dr.
STREET ADDRESS	1301 MALLARD DR	6.3 STREET ADDRESS	Englewood, FL. 34224
CITY-ST-ZIP	ENGLEWOOD FL	6.4 CITY-ST-ZIP	

14. 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 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: _____

CR2E037 (10/97)