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Mar 05, 1999 8:00 am  
Secretary of State

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NONPROFIT CORPORATION ANNUAL REPORT <b>1999</b>		FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # 753650**

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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2. Principal Place of Business 21	2a. Mailing Address 26	3. Date Incorporated or Qualified 08/06/1980
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 59-2193013
City & State 23	City & State 28	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
Zip 24	Country 25	6. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees
Country 29	Country 30	Trust Fund Contribution

9. Name and Address of Current Registered Agent

WADE, CARL J  
1514 SANDERLING DR  
ENGLEWOOD FL 34224

10. Name and Address of New Registered Agent

81 Name Norman Smedley  
82 Street Address (P.O. Box Number is Not Acceptable) 6333 Partridge Ave.  
83  
84 City Englewood FL 85 Zip Code 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: NORMAN E. SMEDLEY Norman E. Smedley Pres 2/12/99  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

TITLE	P	<input checked="" type="checkbox"/> DELETE
NAME	WADE, CARL J	
STREET ADDRESS	1514 SANDERLING DR	
CITY-ST-ZIP	ENGLEWOOD FL	
TITLE	VP	<input checked="" type="checkbox"/> DELETE
NAME	SMEDLEY, NORMAN	
STREET ADDRESS	6333 PATRIDGE AVE	
CITY-ST-ZIP	ENGLEWOOD, FL 00000	
TITLE	S	<input checked="" type="checkbox"/> DELETE
NAME	RIDDLE, BARBARA	
STREET ADDRESS	2800 KISKADEE DR	
CITY-ST-ZIP	ENGLEWOOD, FL 00000	
TITLE	T	<input type="checkbox"/> DELETE
NAME	MATE', GLADYS	
STREET ADDRESS	2734 TANAGER LANE	
CITY-ST-ZIP	ENGLEWOOD, FL 00000	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	HAY, HELEN	
STREET ADDRESS	2845 EMQIOM AVE	
CITY-ST-ZIP	ENGLEWOOD FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	WIGGIN, ROBERT	
STREET ADDRESS	1301 MALLARD DR	
CITY-ST-ZIP	ENGLEWOOD FL 34224	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	P	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	Norman Smedley	
1.3 STREET ADDRESS	6333 Partridge Ave.	
1.4 CITY-ST-ZIP	Englewood, FL 34224	
2.1 TITLE	VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	Ken Burda	
2.3 STREET ADDRESS	6455 Falcon Dr.	
2.4 CITY-ST-ZIP	Englewood, FL 34224	
3.1 TITLE	S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	Pat Cook	
3.3 STREET ADDRESS	6239 Bunting Ln.	
3.4 CITY-ST-ZIP	Englewood, FL 34224	
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE	D	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	Rita DeGuire	
5.3 STREET ADDRESS	6280 Partridge Ave.	
5.4 CITY-ST-ZIP	Englewood, FL 34224	
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
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, with all other like empowered.

SIGNATURE: Gladys Mate' **REQUIRED** 2-22-99 (941) 73-3116  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (1/198)