

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 753650

1. Entity Name

EDGEWATER CLUB, INC.

FILED
May 01, 2000 8:00 am
Secretary of State

05-01-2000 90396 001 ****61.25

Principal Place of Business

Mailing Address

2840 WAXWING
 ENGLEWOOD FL 34224

2840 WAXWING
 ENGLEWOOD FL 34224-4728

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country



DO NOT WRITE IN THIS SPACE

4. FEI Number

59-2193013

Applied For
 Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SMEDLEY, NORMAN
6333 PARTRIDGE AVAENUE
ENGLEWOOD FL 34224

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.

SIGNATURE

Norman Smedley

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing
 Trust Fund Contribution.

\$5.00 May Be
 Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	P	<input type="checkbox"/> Delete
NAME	SMEDLEY, NORMAN	
STREET ADDRESS	6333 PARTRIDGE AVENUE	
CITY-ST-ZIP	ENGLEWOOD FL 34224	
TITLE	VP	<input type="checkbox"/> Delete
NAME	BURDZ, KEN	
STREET ADDRESS	6455 FALCON DRIVE	
CITY-ST-ZIP	ENGLEWOOD FL 34224	
TITLE	S	<input checked="" type="checkbox"/> Delete
NAME	COOK, PAT	
STREET ADDRESS	6239 BUNTING LANE	
CITY-ST-ZIP	ENGLEWOOD FL 34224	
TITLE	T	<input type="checkbox"/> Delete
NAME	MATE', GLADYS	
STREET ADDRESS	2734 TANAGER LANE	
CITY-ST-ZIP	ENGLEWOOD, FL 00000	
TITLE	D	<input type="checkbox"/> Delete
NAME	DEGUIRE, RITA	
STREET ADDRESS	6280 PARTRIDGE AVENUE	
CITY-ST-ZIP	ENGLEWOOD FL 34224	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	WIGGIN, ROBERT	
STREET ADDRESS	1301 MALLARD DR	
CITY-ST-ZIP	ENGLEWOOD FL 34224	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BURDA, KEN	
STREET ADDRESS	6455 FALCON DRIVE	
CITY-ST-ZIP	ENGLEWOOD, FL. 34224	
TITLE	S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	GORMAN, ARLENE	
STREET ADDRESS	2800 PENQUIN LANE	
CITY-ST-ZIP	ENGLEWOOD, FL. 34224	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	D-	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	WEBSTER, CHARLES	
STREET ADDRESS	6191 PARTRIDGE AVE	
CITY-ST-ZIP	ENGLEWOOD, FL. 34224	

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Gladys Mate'* **REQUIRED**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-22-00 **941-473-3116**
 Date Daytime Phone #

CF12E037 (9/99)