

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 13, 2001 8:00 am
Secretary of State

0074895

DOCUMENT # 753650

1. Entity Name

EDGEWATER CLUB, INC.

04-13-2001 90020 048 ****61.25

Principal Place of Business

**2840 WAXWING
 ENGLEWOOD FL 34224**

Mailing Address

**2840 WAXWING
 ENGLEWOOD FL 34224**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2193013

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**SMEDLEY, NORMAN
 6333 PARTRIDGE AVENUE
 ENGLEWOOD FL 34224**

7. Name and Address of New Registered Agent

Name **Burda, Ken**

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

6455 Falcon Dr.

City **Englewood,**

FL

Zip Code

34224

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 *Ken Burda PRES.*

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 checked="" type="checkbox"/> Delete
NAME	SMEDLEY, NORMAN	
STREET ADDRESS	6333 PARTRIDGE AVENUE	
CITY-ST-ZIP	ENGLEWOOD FL 34224	
TITLE	VP	<input checked="" type="checkbox"/> Delete
NAME	BURDA, KEN	
STREET ADDRESS	6455 FALCON DRIVE	
CITY-ST-ZIP	ENGLEWOOD FL 34224	
TITLE	S	<input type="checkbox"/> Delete
NAME	GORMAN, ARLENE	
STREET ADDRESS	2800 PENQUIN 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 checked="" type="checkbox"/> Delete
NAME	DEGUIRE, RITA	
STREET ADDRESS	6280 PARTRIDGE AVENUE	
CITY-ST-ZIP	ENGLEWOOD FL 34224	
TITLE	D	<input type="checkbox"/> Delete
NAME	WEBSTER, CHARLES	
STREET ADDRESS	6191 PARTRIDGE AVE	
CITY-ST-ZIP	ENGLEWOOD FL 34224	

TITLE	P	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Burda, Ken	
STREET ADDRESS	6455 Falcon Dr.	
CITY-ST-ZIP	Englewood, Fl. 34224	
TITLE	VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Tepin, Harold	
STREET ADDRESS	1542 Sanderling Dr.	
CITY-ST-ZIP	Englewood, Fl. 34224	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	D Mehrer, Walter	
STREET ADDRESS	2702 Tanager Lane	
CITY-ST-ZIP	Englewood, Fl. 34224	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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

4-9-01 941-473-3116

Date

Daytime Phone #

CR2E037 (10/00)