FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED

95 MAR -2 PM 3:47

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **762481** **(0)**

1. Corporation Name

EDGEMAR CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business	Mailing Address
4517 EL MAR DR. LAUDERDALE BY THE SEA FL 33308	4520 EL MAR DRIVE 1494 BRENTWOOD LAUDERDALE-BY-THE-SEA FL 33308 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 03/18/1982
3a. Date of Last Report: 04/29/1994
4. FEI Number: 59-2213334 ☐ Applied For ☐ Not Applicable

2. Principal Place of Business	2a. Mailing Address	5. Certificate of Status Desired ☐	$8.75 Additional Fee Required
21	26 4520 El Mar Dr.		
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	6. Election Campaign Financing Trust Fund Contribution ☐	$5.00 May Be Added to Fees
City & State 23	City & State 28 Lauderdale By The Sea	7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐	$68.75 Supplemental Fee Not Required
Zip 24 / Country 25	Zip 29 FL / Country 30 USA	8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No	

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
WUERTZ, OSCAR 4520 EL MAR DRIVE LAUDERDALE BY THE SEA FL	01 Name 02 Street Address (P.O. Box Number is Not Acceptable) 03 04 City FL 05 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	1.1 TITLE	PD	☒ Change ☐ Addition
NAME	KLEBBA, KEN	1.2 NAME	Dendy, Walter	
STREET ADDRESS	4517 EL-MAR DR	1.3 STREET ADDRESS	4517 ElMar Dr.	
CITY-ST-ZIP	LAUD BY THE SEA FL	1.4 CITY-ST-ZIP	Lauderdale By The Sea, FL	
TITLE	STD	2.1 TITLE	VD	☐ Change ☒ Addition
NAME	WUERZ, AMANDA	2.2 NAME	Booth, Hal	
STREET ADDRESS	4520 EL-MAR DR	2.3 STREET ADDRESS	4517 ElMar Dr.	
CITY-ST-ZIP	LAUD BY THE SEA FL	2.4 CITY-ST-ZIP	Lauderdale By The Sea, FL	
TITLE	VD	3.1 TITLE	SD	☒ Change ☐ Addition
NAME	DENDY, WALTER	3.2 NAME	Wuerz, Amanda	
STREET ADDRESS	4517 EL MAR DIRVE	3.3 STREET ADDRESS	4517 ElMar Dr.	
CITY-ST-ZIP	LAUDERDALE-BY-THE-SEA FL	3.4 CITY-ST-ZIP	Lauderdale By The Sea, FL	
TITLE		4.1 TITLE	TD	☒ Change ☐ Addition
NAME		4.2 NAME	Klebba, Kenneth	
STREET ADDRESS		4.3 STREET ADDRESS	4517 ElMar Dr.	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	Lauderdale By The Sea, FL	
TITLE		5.1 TITLE		☐ Change ☐ Addition
NAME		5.2 NAME		
STREET ADDRESS		5.3 STREET ADDRESS		
CITY-ST-ZIP		5.4 CITY-ST-ZIP		
TITLE		6.1 TITLE		☐ Change ☐ Addition
NAME		6.2 NAME		
STREET ADDRESS		6.3 STREET ADDRESS		
CITY-ST-ZIP		6.4 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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: Kenneth J. Klebba 2-15-95 (810) 646-7440
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

KENNETH J. KLEBBA

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