

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # 762481 (0)

1. Corporation Name

EDGEMAR CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business

4517 EL MAR DR.
LAUDERDALE BY THE SEA FL 33308

Mailing Address

4520 EL MAR DRIVE
LAUDERDALE-BY-THE-SEA FL 33308
US

3. Date Incorporated or Qualified
03/18/1982

3a. Date of Last Report
03/02/1995

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

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**

81 Name

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

83

84 City

FL

85 Zip Code

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

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	PD	<input checked="" type="checkbox"/> DELETE
NAME	DENOY, WALTER	
STREET ADDRESS	4517 EL-MAR DR	
CITY-ST-ZIP	LAUD BY THE SEA FL	
TITLE	STD	<input checked="" type="checkbox"/> DELETE
NAME	WUERZ, AMANDA	
STREET ADDRESS	4520 EL-MAR DR	
CITY-ST-ZIP	LAUD BY THE SEA FL	
TITLE	SD	<input checked="" type="checkbox"/> DELETE
NAME	WUERZ, AMANDA	
STREET ADDRESS	4517 EL MAR DRIVE	
CITY-ST-ZIP	LAUDERDALE-BY-THE-SEA FL	
TITLE	TD	<input checked="" type="checkbox"/> DELETE
NAME	KLEBBA, KENNETH	
STREET ADDRESS	4517 EL MAR DR	
CITY-ST-ZIP	LAUDERDALE BY THE SEA FL	
TITLE	VD	<input checked="" type="checkbox"/> DELETE
NAME	BOOTH, HAL	
STREET ADDRESS	4517 EL MAR DR	
CITY-ST-ZIP	LAUDERDALE BY THE SEA FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Dendy Walter	
1.3 STREET ADDRESS	3032 E. Commercial Blvd., Suite #6	
1.4 CITY-ST-ZIP	Fort Lauderdale, FL 33308	
2.1 TITLE	VD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	Kenneth Jackson	
2.3 STREET ADDRESS	4517 El Mar Dr., Apt. #7	
2.4 CITY-ST-ZIP	Lauderdale By The Sea, FL 33308	
3.1 TITLE	TD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	Esther Jackson	
3.3 STREET ADDRESS	4517 El Mar Dr., Apt. #7	
3.4 CITY-ST-ZIP	Lauderdale By The Sea, FL 33308	
4.1 TITLE	SD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	Vera Dendy	
4.3 STREET ADDRESS	3032 E. Commercial Blvd., Suite #6	
4.4 CITY-ST-ZIP	Fort Lauderdale, FL 33308	
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
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 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)(k), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Walter N. Dendy

3-1-96

954-938-9374

Date

Daytime Phone

CR2E037 (12/95)