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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 MAY -1 AM 9:10

DOCUMENT # **763721** **(8)**

1. Corporation Name

EDGEWATER PINES ASSOCIATION OF SEMINOLE, FLORIDA , INC.

Principal Place of Business	Mailing Address
10399 67TH AVENUE NORTH SEMINOLE FL 34642	10399 67TH AVENUE NORTH SEMINOLE FL 34642

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 06/16/1982
3a. Date of Last Report: 04/14/1994
4. FEI Number: 59-6531141 ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☒ **$68.75** Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business (21)
2a. Mailing Address (26)
Suite, Apt. #, etc. (22) (27)
City & State (23) (28)
Zip (24) Country (25) Zip (29) Country (30)

9. Name and Address of Current Registered Agent

SHOOK, HELEN M
10399-67TH AVE NO
STE 6
SEMINOLE FL 34642

10. Name and Address of New Registered Agent

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 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: Helen M. Shook HELEN M. SHOOK SEC. 4/27/95
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	VP	1.1 TITLE	VP ☒ Change ☐ Addition
NAME	JOHNSON, BOB	1.2 NAME	JUNE BLANCHARD
STREET ADDRESS	10399-67TH AVE NO #123	1.3 STREET ADDRESS	10399-67 AVE. N. #59
CITY-ST-ZIP	SEMINOLE FL	1.4 CITY-ST-ZIP	SEMINOLE, FL. 34642
TITLE	P	2.1 TITLE	P ☒ Change ☐ Addition
NAME	MAHGIN, JOE	2.2 NAME	GRAHAM, RICHARD
STREET ADDRESS	10399 -67TH AVE N. #63	2.3 STREET ADDRESS	10399-67 AVE. N. #20
CITY-ST-ZIP	SEMINOLE FL	2.4 CITY-ST-ZIP	SEMINOLE, FL. 34642
TITLE	S	3.1 TITLE	S ☒ Change ☐ Addition
NAME	SHOOK, HELEN M	3.2 NAME	SHOOK, HELEN M. #6
STREET ADDRESS	10392-67TH AVE NO #6	3.3 STREET ADDRESS	10399-67 AVE. N.
CITY-ST-ZIP	SEMINOLE, FL 00000	3.4 CITY-ST-ZIP	SEMINOLE, FL. 34642
TITLE	D	4.1 TITLE	D/C ☒ Change ☐ Addition
NAME	SAGER, FRANCES M	4.2 NAME	SALVATORIE, OSCAR
STREET ADDRESS	10399 67TH AVE NO #62	4.3 STREET ADDRESS	10399-67 AVE. N. #119
CITY-ST-ZIP	SEMINOLE FL	4.4 CITY-ST-ZIP	SEMINOLE, FL. 34642
TITLE	D	5.1 TITLE	D ☒ Change ☐ Addition
NAME	ALLEN, AL	5.2 NAME	DEUTSCH, ARLENE
STREET ADDRESS	10399 67TH AVE NO #28	5.3 STREET ADDRESS	10399-67 AVE. N. #91
CITY-ST-ZIP	SEMINOLE, FL 00000	5.4 CITY-ST-ZIP	SEMINOLE, FL. 34642
TITLE	D	6.1 TITLE	D ☒ Change ☐ Addition
NAME	GRAHAM, RICHARD	6.2 NAME	ARMSTRONG, EILEEN
STREET ADDRESS	10389 -67TH AVE. N, #20	6.3 STREET ADDRESS	10399-67 AVE. N. #17
CITY-ST-ZIP	SEMINOLE FL	6.4 CITY-ST-ZIP	SEMINOLE, FL. 34642

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: Frances J. Sager FRANCES J. SAGER 4-27-95 (813) 393-3338
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0087021

163121

X CHANGE

T.

SAGER, FRANCES A.J.

10399 - 67 AVE N. #62

SEMINOLE, FL. 34642