

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

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

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SEMINOLE FL 34642



3. Date Incorporated or Qualified
06/16/1982

3a. Date of Last Report
05/01/1995

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

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

25 Country

29 Zip

30 Country

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 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 SHOOK, HELEN M.

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

(NOTE: Registered Agent Signature required when re-appointing)

Helen M. Shook

4/15/96

DATE

12. OFFICERS AND DIRECTORS

TITLE	VP	<input type="checkbox"/> DELETE
NAME	BLANCHARD, JUNE	
STREET ADDRESS	10399-67TH AVE N #59	
CITY-STATE-ZIP	SEMINOLE FL	
TITLE	P	<input type="checkbox"/> DELETE
NAME	GRAHAM, RICHARD	
STREET ADDRESS	10399-67 AVE. N. #20	
CITY-STATE-ZIP	SEMINOLE FL	
TITLE	S	<input checked="" type="checkbox"/> DELETE
NAME	SHOOK, HELEN M	
STREET ADDRESS	10399-67 AVE. N. #6	
CITY-STATE-ZIP	SEMINOLE, FL 00000	
TITLE	DC	<input checked="" type="checkbox"/> DELETE
NAME	SALVATORIE, OSCAR	
STREET ADDRESS	10399-67 AVE. N. #119	
CITY-STATE-ZIP	SEMINOLE FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	DEUTSCH, ARLENE	
STREET ADDRESS	10399-67 AVE. N. #91	
CITY-STATE-ZIP	SEMINOLE, FL 00000	
TITLE	D	<input type="checkbox"/> DELETE
NAME	ARMSTRONG, EILEEN	
STREET ADDRESS	10399-67 AVE. N. #17	
CITY-STATE-ZIP	SEMINOLE FL	

13. ADDITIONS-CHANGES TO OFFICERS AND DIRECTORS IN 12:

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-STATE-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-STATE-ZIP	
3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	S
3.3 STREET ADDRESS	HAYES, HELEN
3.4 CITY-STATE-ZIP	10399 67th AVE # 1 SEMINOLE, FL 34642
4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	DC
4.3 STREET ADDRESS	SHOOK, HELEN M
4.4 CITY-STATE-ZIP	10399 67 AVE N #6 SEMINOLE FL 34642
5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	T
5.3 STREET ADDRESS	SAGER, FRANCES J
5.4 CITY-STATE-ZIP	10399 67th AVE #62 SEMINOLE, FL 34642
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-STATE-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: *Frances J. Sager*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FRANCES J. SAGER

4-15-96

DATE

(813) 393-3338

Daytime Phone #

CR2E037 (12/95)