FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1998

101

FILED Feb 03 1998 8:00am Secretary of State

DOCUMENT # K19802 (3)										
EDGEWATER PROPERTY MANAGEMENT CO., INC.										
EDGENATED FROM EDIT I MANAGEMENT COST INC.								4 10010 11010 001 11010 11010 10101 00110 1101 0101	IAII BADII OADA	I OLĀ II LĀ OI
Principal Place of Business Mailing Address								- r (801011); bût ildin inini filik dûlin ildin albii di	 	
1990 E. OCEAN 4797 SE COMPASS WAY										
P.O. BOX 185	•			P.O. BOX 1856						
STUART FL 34996				STUART FL 34997				DO NOT WRITE IN THIS SPACE		
US				US				3. Date Incorporated or Qualified		
								03/28/1988		
2. Principal Place of Business			28. Mailing Address 26. Po Box 1856					4. FEI Number		plied For
21 3				26 V3 132 16 15 Suite, Apt. #, etc.				65-0071721		t Applicable
Suite, Apt. #, etc.				27				5. Certificate of Status Desired	\$8.75 A	
City & State				City & State				6. Election Campaign Financing	\$5.00	*
23				28 STUART, FL.				Trust Fund Contribution	Added t	- 1
Zip Country			Zip Country			Country	,	8. This corporation owes or has paid the current year Intangible		
24	25		29	h		marrin		Personal Property Tax due June 30. Yes No		
9. Name and Address of Curren								10, Name and Address of New Registered Agent		
COLACINO, JOYCE H. 81 Name							Name			
1990 E. OCEAN BLVD STUART FL 34990						82	Street Addre	ess (P.O. Box Number is Not Acceptable)	s (P.O. Box Number is Not Acceptable)	
								,		
							City	85 Zip Code		
					<u>FL</u>					
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 Fordia. 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										
	Signature, typod	or printed name of registered age					ent signature require	ad when reinstating) DATE ADDITIONS/CHANGES TO OFFICERS AND I	DIRECTOR	C IN 12
12.	PST	OFFICERS AND) DIREC	DELETE		13. 1.1 TITLE			Change	Addition
TITLE	,	NO, JO YCE H.				1.2 NAME		•		
NAME Street address	A44 O ECDEDAL UIDUNAV						ADORESS			
1	STUART					1.3 STREET ADDRESS 1.4 CITY-ST-ZIP				
CITY-ST-ZIP TITLE	D	· •	· · · · · ·	[.] DELETE		2.1 TITLE	31-211		Change	Addition
NAME	COLACI	NO, JOYCE H.				2.2 NAME			•	
STREET ADDRESS		EDERAL HIGHWAY				2.3 STREET	ADDRESS			
CITY-ST-ZIP	STUART	FL				2. 4 CITY-ST-ZIP		39		
TITLE				DELETE		3.1 TITLE			Change	Addition
NAME						3.2 NAME				
STREET ADDRESS						a.a street	ADDRESS			
CITY-ST-ZIP						3.4. CITY-	ST- ZIP			
TITLE				☐ DELETE		4.1 TITLE		. [Change	Addition
NAME					•	4. 2 NAME				
STREET ADDRESS						4.3 STREET	ADDRESS			
CITY-ST-ZIP	****					4.4 CITY - S	ST-ZIP			
TITLE				☐ DELETE		5.1 TITLE		L	Change	Addition
NAME						5.2 NAME				
STREET ADDRESS							ADDRESS			İ
CITY-ST-ZIP				DELETE		5.4 CITY - 5	ST-ZIP		Change	Addition
TITLE				ן טבנבונ		B.1 TITLE		L	Onlange	
NAME					1	6.2 NAME	ADDDECC			
STREET ADDRESS							ADDRESS			
CITY-ST-ZIP	ertify that the	e information supplied wi	th this f	ding does not qualify		6.4 CiTY-5		Section 119.07(3)(i), Florida Statutes. I further cert	ify that the	information

Indicated on this annual report or supplied with this limit does not quality for the exclusion stated in Section 119.07(3)(), Florida Statutes. Infurite certify that the information indicated on this annual report or supplied with that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.