

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 17, 2001 8:00 am
Secretary of State

05-17-2001 91306 024 ****61.25

DOCUMENT # N00000001978

1. Entity Name

EDGEMONT OFFICE PARK CONDOMINIUM ASSOCIATION, IN

Principal Place of Business

Mailing Address

5811 PELICAN BAY BOULEVARD #208
 NAPLES FL 34108

5811 PELICAN BAY BOULEVARD #208
 NAPLES FL 34108

001920

2. Principal Place of Business

3. Mailing Address

5405 Park Central Court
 Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

City & State

Naples, FL

Naples, FL

4. FEJ Number

59-3635878

Applied For

Not Applicable

Zip

Country

34109 USA

Zip

Country

34109 USA

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

LAWSON, LINDA A ESQ.
 866 99TH AVENUE NORTH
 NAPLES FL 34108

Name: David N. Morrison, Esq.
 Street Address (P.O. Box Number is Not Acceptable): 3838 Tamiami Trail North
 Suite 402
 City: Naples FL Zip Code: 34103

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.

SIGNATURE: *David N. Morrison*

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW:
 FEE IS \$61.25**

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

**Make Check Payable to
 Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD COLEMAN, STEPHEN D 5811 PELICAN BAY BOULEVARD #208 NAPLES FL 34108	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD COLEMAN, MARK L 5811 PELICAN BAY BOULEVARD #208 NAPLES FL 34108	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD VIRGA, DONNA 5811 PELICAN BAY BOULEVARD #208 NAPLES FL 34108	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD Stephen V. Robison 3405 Park Central Court Naples, FL 34109	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD Todd E. Gates 5405 Park Central Court Naples, FL 34109	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD James L. Mcvey 5405 Park Central Court Naples, FL 34109	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *David N. Morrison* **SIGNATURE REQUIRED** 3-22-01 5933777

CR2E037 (10/00)