

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

0014806

DOCUMENT # N00000001978

1. Entity Name
EDGEMONT OFFICE PARK CONDOMINIUM ASSOCIATION, INC.



FILED

03 NOV 10 PH 2:07

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
**5405 PARK CENTRAL COURT
NAPLES FL 34109**

Mailing Address
**5405 PARK CENTRAL COURT
NAPLES FL 34109**



2. Principal Place of Business
1250 TAMMAM Trail 2nd fl

3. Mailing Address
SUNLIS

Suite, Apt. #, etc.
101

City & State
Naples FL

City & State
Naples FL

REINSTATEMENT

Zip
34102

Country
Collier

Zip
34102

Country

4. FEI Number **59-3635878**

Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
**ROBINSON, STEPHEN V
5405 PARK CENTRAL COURT
NAPLES FL 34109**

7. Name and Address of New Registered Agent

Name
Allen F. Richardson

Street Address (P.O. Box Number is Not Acceptable)
1250 TAMMAM Trail 2nd fl

City
Naples FL

Zip Code
34102

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE **8.30.03**

Signature, typed or printed name of registered agent and fee if applicable. (NOTE: registered Agent signature required when reinstating) DATE

FILE NOW: FEE IS \$61.25
After September 10, 2003, min will be \$236.25

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD ROBISON, STEPHEN V 5405 PARK CENTRAL COURT NAPLES FL 34109 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD JUDIAN [unclear] 5095 [unclear] Blvd NAPLES FL 34109 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD GATES, TODD E 5405 PARK CENTRAL COURT NAPLES FL 34109 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	UP Brendy [unclear] 5095 [unclear] Blvd NAPLES FL 34109 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD MCVEY, JAMES L 5405 PARK CENTRAL COURT NAPLES FL 34109 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD Melissa Chalid 5019 [unclear] Blvd NAPLES FL 34109 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	100024575201 11/10/03--01117--001 <input type="checkbox"/> Change <input type="checkbox"/> Addition **\$236.25
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	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"/> Delete	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: **8.30.03 236-261-1111**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE Daytime Phone #

CR2E037 (4/03)