

**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

APPROVED  
AND  
FILED

55 MAY 16 AM 8:29

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **N03707 (9)**  
1. Corporation Name  
**EDGEWATER BEACH OWNERS ASSOCIATION, INC.**

Principal Place of Business Mailing Address  
**5000 US HWY 98 E DESTIN FL 32541** **5000 US HWY 98 E DESTIN FL 32541**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified <b>06/15/1984</b>	3a. Date of Last Report <b>05/01/1994</b>
4. FEI Number <b>59-2535165</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status <input type="checkbox"/>	<b>\$68.75</b> Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country
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9. Name and Address of Current Registered Agent  
**POWELL, RICHARD H. ESQ.  
92 EGLIN PARKWAY N.E.  
FT. WALTON BEACH FL 32548**

81 Name	10. Name and Address of New Registered Agent
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PD HARRIS, SUZANNE 1215 CHEVAL LANE BIRMINGHAM AL 35216</b>	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D CORRETTI, BILLIE 1215 CHEVAL LANE BIRMINGHAM AL 35216</b>	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>BOULAY, JACK 305 MEADOWOOD DRIVE ROSWELL, GA 30075</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VD ISAACS, STEVE 121 21ST AVE NORTH NASHVILLE TN 37203</b>	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>VD FOSTER, TOM PO BOX 948 BRENTWOOD, TN 37027</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D FROELICH, RON 1181 BERWICK RD. BIRMINGHAM AL 35242</b>	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>SD HILLIARD, RON 2791 HAWTHORNE DRIVE ATLANTA GA 30345</b>	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>TD SAFNER, ANDREW 5000 HWY 98 E DESTIN TX 32541</b>	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 017, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Carol A. Williamson* **5-9-95** **904-837-1550**  
SIGNATURE AND TYPED OR PRINTED NAME OF BOARD OFFICER OR DIRECTOR (Date) (Telephone #)  
**CAROL A. WILLIAMSON, ASST. SECY**

N83707

.13.

7.1 <sup>D</sup>  
ADDITION  
PICKNEY, PAUL  
309 ANCHOR DR.  
OLD HICKORY, TN 38138

ADDITION

8.1 <sup>D</sup>  
STONE, WILLIAM  
2347 49TH ST NW  
WASHINGTON, DC 20007

ADDITION

9.1 ASD  
HILLIARD, PAM  
2791 HAWTHORNE DR.  
ATLANTA, GA 30345

ADDITION

10.1 ASD  
WILLIAMSON, CAROL  
157 HOMEWOOD DR  
FT WALTON BCH, FL 32548