

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



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

3. Date Incorporated or Qualified: **06/15/1984**
3a. Date of Last Report: **05/16/1995**
4. FEI Number: **59-2535165**
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: **21**
2a. Mailing Address: **26 291 Old Hwy 98**
Suite, Apt. #, etc.: **27**
City & State: **28 Destin FL**
Zip: **24** Country: **25** Zip: **29 32541** Country: **30**

9. Name and Address of Current Registered Agent
**POWELL, RICHARD H. ESQ.
92 EGLIN PARKWAY N.E.
FT. WALTON BEACH FL 32548**

10. Name and Address of New Registered Agent
B1 Name
B2 Street Address (P.O. Box Number is Not Acceptable)
B3
B4 City **FL** **B5** 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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	HARRIS, SUZANNE	
STREET ADDRESS	1215 CHEVAL LANE	
CITY-ST-ZIP	BIRMINGHAM AL 35216	
TITLE	D	<input type="checkbox"/> DELETE
NAME	BOULAY, JACK	
STREET ADDRESS	305 MEADOW DRIVE	
CITY-ST-ZIP	ROSWELL GA	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	FOSTER, TOM	
STREET ADDRESS	P.O. BX 948 N/A	
CITY-ST-ZIP	BRENTWOOD TN	
TITLE	D	<input type="checkbox"/> DELETE
NAME	FROELICH, RON	
STREET ADDRESS	1181 BERWICK RD.	
CITY-ST-ZIP	BIRMINGHAM AL 35242	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	HILLIARD, RON	
STREET ADDRESS	2791 HAWTHORNE DRIVE	
CITY-ST-ZIP	ATLANTA GA 30345	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	SAFNER, ANDREW	
STREET ADDRESS	5000 HWY 98 E	
CITY-ST-ZIP	DESTIN TX 32541	

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-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-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: Carel A. Hillman 2-13-96 904-837-1550
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (12/95)

12. D

PICKNEY, PAUL
309 ANCHOR DR.
OLD HICKORY, TN 38138

D

STONE, WILLIAM
2347 49TH ST NW
WASHINGTON, DC 20007

ASD

HILLIARD, PAM
2791 HAWTHORNE DR
ATLANTA, GA 30345

ASD

WILLIAMSON, CAROL
157 HOMEWOOD DR.
FT WALTON BCH, FL 32548