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May 07 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N03707** (9)
1. Corporation Name
EDGEWATER BEACH OWNERS ASSOCIATION, INC.



Principal Place of Business 291 OLD HWY 98 DESTIN FL 32541 US	Mailing Address 5000 US HWY 98 E DESTIN FL 32541-4137
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3. Date Incorporated or Qualified 06/15/1984	3a. Date of Last Report 02/26/1996
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21. Principal Place of Business 291 Old Hwy 98	2a. Mailing Address 291 Old Hwy 98
22. Suite, Apt. #, etc.	27. Suite, Apt. #, etc.
23. City & State Destin FL	28. City & State Destin FL
24. Zip 32541	29. Zip 32541
Country USA	30. Country USA

4. FEI Number 59-2535165	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

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

81. Name W. Douglas Moody, Jr.
82. Street Address (P.O. Box Number is Not Acceptable) 101 N. Gadsden Street
83.
84. City Tallahassee
85. State FL
86. Zip Code 32301

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: *[Signature]* (NOTE: Registered Agent signature required when reinstalling) DATE: **4/23/1997**

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE PD	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME HARRIS, SUZANNE		1.2 NAME	
STREET ADDRESS 1215 CHEVAL LANE		1.3 STREET ADDRESS	
CITY-ST-ZIP BIRMINGHAM AL 35216		1.4 CITY-ST-ZIP	
TITLE D	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME BOULAY, JACK		2.2 NAME	
STREET ADDRESS 305 MEADOW DRIVE		2.3 STREET ADDRESS	
CITY-ST-ZIP ROSWELL GA		2.4 CITY-ST-ZIP	
TITLE VD	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME FOSTER, TOM		3.2 NAME	
STREET ADDRESS P.O. BX 948 N/A		3.3 STREET ADDRESS	
CITY-ST-ZIP BRENTWOOD TN		3.4 CITY-ST-ZIP	
TITLE D	<input checked="" type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME FROELICH, RON		4.2 NAME	
STREET ADDRESS 1181 BERWICK RD.		4.3 STREET ADDRESS	
CITY-ST-ZIP BIRMINGHAM AL 35242		4.4 CITY-ST-ZIP	
TITLE SD	<input type="checkbox"/> DELETE	5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME HILLIARD, RON		5.2 NAME	
STREET ADDRESS 2791 HAWTHORNE DRIVE		5.3 STREET ADDRESS 75 14th St., Suite 4540	
CITY-ST-ZIP ATLANTA GA 30345		5.4 CITY-ST-ZIP Atlanta GA 30309	
TITLE TD	<input type="checkbox"/> DELETE	6.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME SAFNER, ANDREW		6.2 NAME	
STREET ADDRESS 5000 HWY 98 E		6.3 STREET ADDRESS 291 Old Hwy 98	
CITY-ST-ZIP DESTIN TX 32541		6.4 CITY-ST-ZIP Destin FL 32541	

14. I do 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 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: *[Signature]* SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR: **P. WILLIAMSON** Date: **4-21-97** Daytime Phone #: **904-837-1550**

CR2E037 (9/96)

13. ADDITIONS/CHANGES TO OFFICERS & DIRECTORS

7.1 D ADDITION

PAUL PICKNEY
309 ANCHOR DRIVE
OLD HICKORY TN 38138

8.1 ASD ADDITION

CAROL A. WILLIAMSON
157 HOMEWOOD DR
FT WALTON BEACH FL 32548

9.1 D ADDITION

R D MILLER
PO BOX 182 N/A
ABERDEEN MS 39730