

FILE NOW: FILING FEE IS \$61.25

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Apr 16 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Northam 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 291 OLD HWY 98 DESTIN FL 32541 US
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3. Date Incorporated or Qualified 06/15/1984	Applied For <input type="checkbox"/> Not Applicable
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
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input type="checkbox"/> No	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip Country	28 Zip Country
24 Zip Country	29 Zip Country
25	30

9. Name and Address of Current Registered Agent

MOODY, W. D JR.
101 N. GADSDEN STREET
TALLAHASSEE FL 32301

10. Name and Address of New Registered Agent

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	FL

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  DATE **3-31-98**

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 35218	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 MEADOWOOD 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	SD <input checked="" type="checkbox"/> DELETE	4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HILLIARD, RON	4.2 NAME	SD STEVE ISAACS
STREET ADDRESS	75 14TH ST., STE. 4540	4.3 STREET ADDRESS	121 21st St.
CITY-ST-ZIP	ATLANTA GA	4.4 CITY-ST-ZIP	Nashville, TN 37203
TITLE	TD <input type="checkbox"/> DELETE	5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SAFNER, ANDREW	5.2 NAME	ANDREW SAFNER
STREET ADDRESS	291 OLD HWY 98	5.3 STREET ADDRESS	291 OLD HWY 98
CITY-ST-ZIP	DESTIN FL	5.4 CITY-ST-ZIP	DESTIN FL 32541
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		6.2 NAME	PAUL PICKNEY
STREET ADDRESS		6.3 STREET ADDRESS	2830 HWY 98E
CITY-ST-ZIP		6.4 CITY-ST-ZIP	DESTIN, FL 32541

14. 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 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:  DATE **3-26-98** 850-837-1530

CR2E037 (10/97)

RSD

WILLIAM STONE

2347 49th ST, NW

WASHINGTON, DC 20007

ASD

CAROL WILLIAMSON

291 OLD HWY 98

DESTIN FL 32541

TD

R D MILLER

204 W COMMERCE ST

ABERDEEN, MS 39730