


FILE NOW: FILING FEE IS \$61.25

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Mar 09, 1999 8:00 am
Secretary of State

03-09-1999 90089 006 ****61.25

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NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
DOCUMENT # N03707 1. Corporation Name EDGEWATER BEACH OWNERS ASSOCIATION, INC.		
Principal Place of Business	Mailing Address	
291 OLD HWY 98 DESTIN FL 32541 US	291 OLD HWY 98 DESTIN FL 32541 US	



2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.	06/15/1984
22 City & State	27 City & State	4. FEI Number
23 Zip	28 Zip	59-2535165
24 Country	30 Country	Applied For
		Not Applicable
5. Certificate of Status Desired		\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution		\$5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
MOODY, W. D JR. 101 N. GADSDEN STREET TALLAHASSEE FL 32301	81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City FL 85 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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD <input type="checkbox"/> DELETE	1.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	HARRIS, SUZANNE	1.2 NAME	R. D Miller
STREET ADDRESS	1215 CHEVAL LANE	1.3 STREET ADDRESS	P.O Box 182
CITY-ST-ZIP	BIRMINGHAM AL 35216	1.4 CITY-ST-ZIP	Aberdeen, MS 39730
TITLE	D <input type="checkbox"/> DELETE	2.1 TITLE	Recording Sec. <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BOULAY, JACK	2.2 NAME	Dr. William Stone
STREET ADDRESS	305 MEADOWOOD DRIVE	2.3 STREET ADDRESS	2347 49th St. NW
CITY-ST-ZIP	ROSWELL GA	2.4 CITY-ST-ZIP	WASHINGTON D.C. 20007
TITLE	VD <input type="checkbox"/> DELETE	3.1 TITLE	Secretary <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	FOSTER, TOM	3.2 NAME	CAROL Williamson
STREET ADDRESS	P.O. BX 948 N/A	3.3 STREET ADDRESS	291 Old Hwy 98 E.
CITY-ST-ZIP	BRENTWOOD TN	3.4 CITY-ST-ZIP	DESTIN, FL 32541
TITLE	SD <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ISAACS, STEVE	4.2 NAME	
STREET ADDRESS	121 21ST ST	4.3 STREET ADDRESS	
CITY-ST-ZIP	NASHVILLE TN 37203	4.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SAFNER, ANDREW	5.2 NAME	
STREET ADDRESS	291 OLD HWY 98	5.3 STREET ADDRESS	
CITY-ST-ZIP	DESTIN FL 32541	5.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PICKNEY, PAUL	6.2 NAME	
STREET ADDRESS	2830 HWY 98 E	6.3 STREET ADDRESS	
CITY-ST-ZIP	DESTIN FL 32541	6.4 CITY-ST-ZIP	

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, with all other like empowered.

SIGNATURE: Carol Williamson **DATE REQUIRED**

2-18-99 850-837-1550

CR2E037 (1/98)