

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

AMENDED
FILED
8-13-99
99 AUG 30 PM 3:23

DOCUMENT # N03707

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



2. Principal Place of Business 1 Suite, Apt. #, etc.	2a. Mailing Address 26 Suite, Apt. #, etc.	3. Date Incorporated or Qualified 08/15/1984
22 City & State	27 City & State	4. FEI Number 59-2535165 Applied For <input type="checkbox"/> Not Applicable
23 Zip 4 Country 25	28 Zip 29 Country 30	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
9. Name and Address of Current Registered Agent		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees

MOODY, W. D JR. 101 N. GADSDEN STREET TALLAHASSEE FL 32301	10. Name and Address of New Registered Agent 81 Name LAWRENCE KEEFE 82 Street Address (P.O. Box Number is Not Acceptable) 909 MAR WALT DRIVE 83 SUITE 1014 84 City FT. WALTON BEACH FL 88 Zip Code 32547-6711
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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 617.1503, Florida Statutes.

SIGNATURE: *Carol Williamson* 8-17-99 DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD HARRIS, SUZANNE 1215 CHEVAL LANE BIRMINGHAM AL 35216 <input type="checkbox"/> DELETE	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	D R.D Miller P.O Box 182 Aberdeen, MS 39730 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BOULAY, JACK 305 MEADOW DRIVE ROSWELL GA <input type="checkbox"/> DELETE	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	Recording Sec. Dr. William Stone 2347 44th St. NW WASHINGTON D.C. 20007 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VO FOSTER, TOM P.O. BX 948 N/A BRENTWOOD TN <input type="checkbox"/> DELETE	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	Secretary Carol Williamson 291 Old Hwy 98 E. DESTIN, FL 32541 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD ISAACS, STEVE 121 21ST ST NASHVILLE TN 37203 <input type="checkbox"/> DELETE	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	000002998430-3 -09/27/99--01172--010 61.25 61.12 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SAFNER, ANDREW 291 OLD HWY 98 DESTIN FL 32541 <input type="checkbox"/> DELETE	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PICKNEY, PAUL 2830 HWY 98 E DESTIN FL 32541 <input type="checkbox"/> DELETE	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 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)(f), 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* 8-13-99 850-837-1550
CAROL A. WILLIAMSON

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