

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 19, 2000 8:00 am
Secretary of State

05-19-2000 90071 003 ****61.25

DOCUMENT # N03707

1. Entity Name

EDGEWATER BEACH OWNERS ASSOCIATION, INC.

Principal Place of Business

Mailing Address

291 OLD HWY 96
 DESTIN FL 32541
 US

291 OLD HWY 96
 DESTIN FL 32541-4942
 US

00096048



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2535 165

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

KEEFE, LAWRENCE
909 MAR WALT DRIVE
SUITE 1014
FT. WALTON BEACH FL 32547-6711

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

NOTE: Registered Agent signature required when reinstating!

DATE

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing
 Trust Fund Contribution.

\$5.00 May Be
 Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **PD** Delete
 NAME **HARRIS, SUZANNE**
 STREET ADDRESS **1215 CHEVAL LANE**
 CITY-ST-ZIP **BIRMINGHAM AL 35216**

TITLE **Treasurer** Change Addition
 NAME **R D MILLER**
 STREET ADDRESS **P.O. BOX 182**
 CITY-ST-ZIP **ABERDEEN, MS 39703**

TITLE **D** Delete
 NAME **BOULAY, JACK**
 STREET ADDRESS **305 MEADOWOOD DRIVE**
 CITY-ST-ZIP **ROSWELL-GA**

TITLE **Director** Change Addition
 NAME **Bill Satterfield**
 STREET ADDRESS **Admirals Landing 9800 St. Germaine**
 CITY-ST-ZIP **Knoxville, TN 37922**

TITLE **VD** Delete
 NAME **FOSTER, TOM**
 STREET ADDRESS **P.O. BX 948 N/A**
 CITY-ST-ZIP **BRENTWOOD TN**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **SD** Delete
 NAME **ISAACS, STEVE**
 STREET ADDRESS **121 21ST ST**
 CITY-ST-ZIP **NASHVILLE TN 37203**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **D** Delete
 NAME **SAFNER, ANDREW**
 STREET ADDRESS **291 OLD HWY 98**
 CITY-ST-ZIP **DESTIN FL 32541**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **D** Delete
 NAME **PICKNEY, PAUL**
 STREET ADDRESS **2830 HWY 98 E**
 CITY-ST-ZIP **DESTIN FL 32541**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Signature **President** 5/11/00 205 9673876

CR2E037 (9/99)