## 2002 UNIFORM BUSINESS REPORT (UBR)

## FILED Feb 17, 2002 8:00 am Secretary of State **DOCUMENT # N03707** 1. Entity Name EDGEWATER BEACH OWNERS ASSOCIATION, INC. 02-17-2002 90087 043 \*\*\*\*70.00 Principal Place of Business Mailing Address 291 OLD HWY 98 291 OLD HWY 98 DESTIN FL 32541 DESTIN FL 32541 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 59-2535165 Not Applicable Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) KEEFE, LAWRENCE 909 MAR WALT DRIVE **SUITE 1014** FT. WALTON BEACH FL 32547-6711 City Zip Code FL 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** (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing Make Check Pavable to \$5.00 May Be **FILE NOW: FEE IS \$61.25** Trust Fund Contribution. œ. Added to Fees Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. 11. TITLE 4 ☐ Delete TITLE ☐ Change ☐ Addition HARRIS. SUZANNE NAME NAME 1215 CHEVAL LANE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP **BIRMINGHAM AL 35216** CITY-ST-ZIP TITLE Delete TITLE Change ☐ Addition FOSTER, TOM NAME NAME P.O. BX 948 N/A STREET ADDRESS STREET ADDRESS CITY-ST-ZIP Brentwood tn CITY-ST-ZIP SD \_\_\_ TITLE ☐ Delete TITLE ☐ Change ☐ Addition ISAACS, STEVE NAME NAME STREET ADDRESS 121 21ST ST STREET ADDRESS NASHVILLE TN 37203 CITY-ST-ZIP CITY-ST-ZiP TITLE ☐ Delete TITLE ☐ Change X Addition Br. EH.E. Log PICKNEY, PAUL NAME NAME 3004 Briand 2830 HWY 98 E STREET ADDRESS STREET ADDRESS CITY-ST-ZIP DESTIN FL 32541 CITY-ST-ZIP ☐ Delete TITLE TITLE Change X Addition NAME NAME O. Box 182 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP perdeen. Change **Addition** TITLE Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP 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:

1-16-62 850