

**2003 NOT-FOR-PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Apr 28, 2003 8:00 am**  
**Secretary of State**

04-28-2003 91286 027 \*\*\*\*61.25

**DOCUMENT # N03707**

1. Entity Name  
**EDGEWATER BEACH OWNERS ASSOCIATION, INC.**



Principal Place of Business

**291 OLD HWY 98  
DESTIN FL 32550  
US**

Mailing Address

**291 OLD HWY 98  
DESTIN FL 32550  
US**

**11023374**



2. Principal Place of Business

*291 Scenic Gulf Drive*  
Suite, Apt. #, etc.

3. Mailing Address

*291 Scenic Gulf Drive*  
Suite, Apt. #, etc.

CHECK HERE IF MAKING CHANGES

City & State

*Miramar Bch, FL*

City & State

*Miramar Bch, FL*

4. FEI Number **59-2535165**

Applied For

Not Applicable

Zip

*32550*

Country

*US*

Zip

*32550*

Country

*US*

5. Certificate of Status Desired

**\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

**KEEFE, LAWRENCE  
909 MAR WALT DRIVE  
SUITE 1014  
FT. WALTON BEACH FL 32547-8711**

7. Name and Address of New Registered Agent

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. I am familiar with, and accept the obligations of registered agent.

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 Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP
	<b>PD</b>						
	<b>HARRIS, SUZANNE</b>	<b>1215 CHEVAL LANE</b>	<b>BIRMINGHAM AL 35216</b>				
	<b>VD</b>						
	<b>FOSTER, TOM</b>	<b>P.O. BX 948 N/A</b>	<b>BRENTWOOD.TN</b>				
	<b>SD</b>						
	<b>ISAACS, STEVE</b>	<b>121 21ST ST</b>	<b>NASHVILLE TN 37203</b>	<b>Director</b>	<b>Bill Terry</b>	<b>124 Vaughns Gap Road</b>	<b>Nashville, TN 37205</b>
	<b>D</b>			<b>Director</b>	<b>Ron Tracy</b>	<b>600 Leather Hinge Trail</b>	<b>Roswell, GA 30075</b>
	<b>PICKNEY, PAUL</b>	<b>2830 HWY 98 E</b>	<b>DESTIN FL 32541</b>				
	<b>D</b>						
	<b>LOGUE, H.E. DR</b>	<b>3004 BRIANCLIFF RD</b>	<b>BIRMINGHAM AL 35223</b>				
	<b>TD</b>						
	<b>MILLER, ROBERT D</b>	<b>P.O. BOX 182</b>	<b>ABERDEEN MS 39703</b>				

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 Required* **Ben Mgr. 4/24/03 80/837-1550**

CFR2E037 (10/02)