

FILE NOW: FILING FEE IS \$61.25

FILED
Jul 23 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Borchers Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N06730 (8)
 1. Corporation Name
DOWN TOWN EDGEWATER PLAZA CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business 2321 S. RIDGEWOOD AVE. EDGEWATER FL 32141 US	Mailing Address 2321 S. RIDGE AVE. EDGEWATER FL 32141-4228 US
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2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 12/19/1984		3a. Date of Last Report 04/17/1996	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number 59-2332235		Applied For <input type="checkbox"/> Not Applicable	
22	City & State	27	City & State	5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
23	Zip	28	Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
24	Country	29	Country	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No			

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
CARDER, JAMES, C, SR 2117 RIVERSIDE AVE EDGEWATER FL 32141				81	Name		
				82	Street Address (P.O. Box Number is Not Acceptable)		
				83			
				84	City	FL	85

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	PTD	<input type="checkbox"/> DELETE		1.1 TITLE	PTD	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	CARDER, J.C.			1.2 NAME	Carder, J.C.		
STREET ADDRESS	2117 RIVERSIDE AVE			1.3 STREET ADDRESS	2117 Riverside Avenue		
CITY-ST-ZIP	EDGEWATER FL			1.4 CITY-ST-ZIP	Edgewater, FL		
TITLE	VSD	<input type="checkbox"/> DELETE		2.1 TITLE	Secretary (VSD)	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	CARDER, ROSEMARY			2.2 NAME	Carder, Rosemary		
STREET ADDRESS	2117 RIVERSIDE AVE			2.3 STREET ADDRESS	2117 Riverside Avenue		
CITY-ST-ZIP	EDGEWATER FL			2.4 CITY-ST-ZIP	Edgewater, FL		
TITLE	D	<input type="checkbox"/> DELETE		3.1 TITLE	V.P.D.	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	CARDER, CARL			3.2 NAME			
STREET ADDRESS	3 PELICAN LANE			3.3 STREET ADDRESS	2122 Willow Oak Dr.		
CITY-ST-ZIP	EDGEWATER FL			3.4 CITY-ST-ZIP	Edgewater, FL 32141		
TITLE		<input type="checkbox"/> DELETE		4.1 TITLE	V.P.D.	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME				4.2 NAME	Dale B. Carder		
STREET ADDRESS				4.3 STREET ADDRESS	1001 S. Orlando Avenue		
CITY-ST-ZIP				4.4 CITY-ST-ZIP	Cocoa Beach, FL 32932		
TITLE		<input type="checkbox"/> DELETE		5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				5.2 NAME			
STREET ADDRESS				5.3 STREET ADDRESS			
CITY-ST-ZIP				5.4 CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				6.2 NAME			
STREET ADDRESS				6.3 STREET ADDRESS			
CITY-ST-ZIP				6.4 CITY-ST-ZIP			

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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.

SIGNATURE _____ SIGNATURE ROSEMARY CARDER

CR2E037 (9/96)