

**FILE NOW: FILING FEE IS \$61.25**

NONPROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # **N07834 (7)**  
1. Corporation Name  
**EDGEWOOD CONDOMINIUM ASSOCIATION, INC.**



Principal Place of Business: **1071 EDGEWOOD AVE S JACKSONVILLE FL 32206**  
Mailing Address: **1071 EDGEWOOD AVE S JACKSONVILLE FL 32206**

3. Date Incorporated or Qualified: **02/26/1985**  
3a. Date of Last Report: **02/13/1995**  
4. FEI Number: **59-2491983**  
5. Certificate of Status Desired:  **\$8.75 Additional Fee Required**  
6. Election Campaign Financing Trust Fund Contribution:  **\$5.00 May Be Added to Fees**  
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes:  Yes  No

2. Principal Place of Business: **21**  
2a. Mailing Address: **26**  
Suite, Apt. #, etc.: **22**  
City & State: **23**  
Zip: **24** Country: **25**  
City & State: **27**  
City & State: **28**  
Zip: **29** Country: **30**

9. Name and Address of Current Registered Agent  
**BANNING, TERENCE K  
6015 MORROW ST E #211  
JACKSONVILLE FL 32217**

10. Name and Address of New Registered Agent  
81 Name  
82 Street Address (P.O. Box Number is Not Acceptable)  
83  
84 City  
85 Zip Code **FL**

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: *Terence K. Banning* (NOTE: Registered Agent signature required when reinstating) DATE: **1-26-96**

12. OFFICERS AND DIRECTORS

TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	KIEHL, CLAIRE	
STREET ADDRESS	1071 S. EDGEWOOD AVE.	
CITY-ST-ZIP	JACKSONVILLE FL	
TITLE	ST	<input checked="" type="checkbox"/> DELETE
NAME	WILSON, GOERGE	
STREET ADDRESS	1071 S. EDGEWOOD AVE.	
CITY-ST-ZIP	JACKSONVILLE FL	
TITLE	VPD	<input type="checkbox"/> DELETE
NAME	GIBBS, ANN	
STREET ADDRESS	1071 S. EDGEWOOD AVE.	
CITY-ST-ZIP	JACKSONVILLE FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	MCGRAW, JESSE	
STREET ADDRESS	1071 S. EDGEWOOD AVE.	
CITY-ST-ZIP	JACKSONVILLE FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	UPDEGRAFF, JOHN	
STREET ADDRESS	1071 S. EDGEWOOD AVE.	
CITY-ST-ZIP	JACKSONVILLE FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	ZUZZI, RON	
STREET ADDRESS	4447 WATER OAK LANE	
CITY-ST-ZIP	JACKSONVILLE FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Diehl, Claire	
1.3 STREET ADDRESS	1071 S. EDGEWOOD AVE	
1.4 CITY-ST-ZIP	JACKSONVILLE, FL 32205	
2.1 TITLE	STA	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Atkinson, Raymond	
2.3 STREET ADDRESS	1071 EDGEWOOD AVE S.	
2.4 CITY-ST-ZIP	JACKSONVILLE, FL 32205	
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	Macshall, Shiely	
6.3 STREET ADDRESS	1071 S. EDGEWOOD AVE	
6.4 CITY-ST-ZIP	JACKSONVILLE, FL 32205	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: *Clare B. Diehl President* DATE: **1/26/96** (904) 387-8793 DAYTIME PHONE #

CR2E037 (12/95)