

# 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

Mailing Address

**1071 EDGEWOOD AVE S  
JACKSONVILLE FL 32205**

**1071 EDGEWOOD AVE S  
JACKSONVILLE FL 32205**

3. Date Incorporated or Qualified  
**02/26/1985**

3a. Date of Last Report  
**02/13/1995**

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

23 City & State

27 City & State

24 Zip

25 Country

29 Zip

30 Country

4. FEI Number

**59-2491983**

Applied For

Not Applicable

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**BANNING, TERENCE K  
6015 MORROW ST E #211  
JACKSONVILLE FL 32217**

81 Name

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

83

84 City

**FL**

85 Zip Code

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*

**1-26-96**

Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

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	ZUZWI, RON	
STREET ADDRESS	4447 WATER OAK LANE	
CITY-ST-ZIP	JACKSONVILLE FL	

11 TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	Kiehl, Claire	
13 STREET ADDRESS	1071 S. EDGEWOOD AVE	
14 CITY-ST-ZIP	JACKSONVILLE, FL 32205	
21 TITLE	STA	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	Atkinson, Raymond	
23 STREET ADDRESS	1071 S. EDGEWOOD AVE S.	
24 CITY-ST-ZIP	JACKSONVILLE, FL 32205	
31 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME		
33 STREET ADDRESS		
34 CITY-ST-ZIP		
41 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME		
43 STREET ADDRESS		
44 CITY-ST-ZIP		
51 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME		
53 STREET ADDRESS		
54 CITY-ST-ZIP		
61 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	MacKall, Shirley	
63 STREET ADDRESS	1071 S. EDGEWOOD AVE	
64 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:

*Paul B. Stiel*

**1/26/96**

**(904) 387-8793**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

Daytime Phone #

CR2E037 (12/95)