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Secretary of State

NONPROFIT
CORPORATION
ANNUAL REPORT
1997



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 32205-5389

3. Date Incorporated or Qualified
02/26/1985

3a. Date of Last Report
02/05/1996

2. Principal Place of Business

2a. Mailing Address

21

2a

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

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
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

1-17-97

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD
NAME DIEHL, CLAIR
STREET ADDRESS 1071 S. EDGEWOOD AVE
CITY-ST-ZIP JACKSONVILLE FL

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

TITLE STD
NAME ATKINSON, RAYMOND
STREET ADDRESS 107 EDGEWOOD AVE S.
CITY-ST-ZIP JACKSONVILLE FL

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

TITLE VPD
NAME GIBBS, ANN
STREET ADDRESS 1071 S. EDGEWOOD AVE.
CITY-ST-ZIP JACKSONVILLE FL

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE D
NAME MCGRAW, JESSE
STREET ADDRESS 1071 S. EDGEWOOD AVE.
CITY-ST-ZIP JACKSONVILLE FL

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE D
NAME UPDEGRAFF, JOHN
STREET ADDRESS 1071 S. EDGEWOOD AVE.
CITY-ST-ZIP JACKSONVILLE FL

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE D
NAME MARSHALL, SHIELDY
STREET ADDRESS 1071 S. EDGEWOOD AVE
CITY-ST-ZIP JACKSONVILLE FL

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
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)(i), 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

John Updegraff
Signature, typed or printed name of registered agent and title if applicable.

1071 S. EDGEWOOD AVE
JACKSONVILLE FL 32205

CR2E037 (9/96)