

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

**FILED**  
**Feb 13, 2003 8:00 am**  
**Secretary of State**

02-13-2003 90237 005 \*\*\*\*61.25

**DOCUMENT # N07834**

**1. Entity Name**  
**EDGEWOOD CONDOMINIUM ASSOCIATION, INC.**



**Principal Place of Business**  
**1071 EDGEWOOD AVE S**  
**JACKSONVILLE FL 32205**

**Mailing Address**  
**1071 EDGEWOOD AVE S**  
**JACKSONVILLE FL 32205**

**2. Principal Place of Business**

**3. Mailing Address**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

**4. FEI Number 59-2491983**

Applied For  
Not Applicable

**5. Certificate of Status Desired** ☐

**\$8.75 Additional  
Fee Required**

☐ CHECK HERE IF MAKING CHANGES



**6. Name and Address of Current Registered Agent**

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

**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**

TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	DIEHL, CLAIR	
STREET ADDRESS	1071 S. EDGEWOOD AVE	
CITY-ST-ZIP	JACKSONVILLE FL	
TITLE	VPD	<input type="checkbox"/> Delete
NAME	COOK, ERNEST	
STREET ADDRESS	1071 EDGEWOOD AVE. S	
CITY-ST-ZIP	JACKSONVILLE FL 32205	
TITLE	TD	<input type="checkbox"/> Delete
NAME	GIBBS, ANN	
STREET ADDRESS	1071 S. EDGEWOOD AVE.	
CITY-ST-ZIP	JACKSONVILLE FL	
TITLE	SD	<input type="checkbox"/> Delete
NAME	HESTER, HELEN	
STREET ADDRESS	1071 S EDGEWOOD AVE	
CITY-ST-ZIP	JACKSONVILLE FL 32205	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	JONES, CLEVE	
STREET ADDRESS	1071 S. EDGEWOOD AVE.	
CITY-ST-ZIP	JACKSONVILLE FL	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	MARSHALL, SHIELDY	
STREET ADDRESS	1071 S. EDGEWOOD AVE	
CITY-ST-ZIP	JACKSONVILLE FL	

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10**

TITLE	PD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SHirley Turner	
STREET ADDRESS	1071 EDGEWOOD AVE.	
CITY-ST-ZIP	JACKSONVILLE, FL 32205	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	RON 20201	
STREET ADDRESS	1071 EDGEWOOD AVE S.	
CITY-ST-ZIP	JACKSONVILLE, FL 32205	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	K.H. RAY	
STREET ADDRESS	1071 EDGEWOOD AVES	
CITY-ST-ZIP	JACKSONVILLE, FL 32205	

**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**

Date

Daytime Phone #

2-11-03 730-7071

CR2E037 (10/02)