

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

FILED
Feb 17, 2003 8:00 am
Secretary of State

02-17-2003 90245 010 ****70.00

DOCUMENT # N30233

1. Entity Name

ASSOCIATION OF EDGEWATER LANDING OWNERS, INC.



Principal Place of Business

**601 HOMEPORT TERR.
EDGEWATER FL 32141
US**

Mailing Address

**150 DUNDEE RD.
STE. A
DAYTONA BEACH SHORES FL 32118
US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country



☐ CHECK HERE IF MAKING CHANGES

4. FEI Number **59-2939879**

Applied For

Not Applicable

5. Certificate of Status Desired ☒

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**TJW MANAGEMENT CO. INC.
150 DUNDEE RD.
STE. A
DAYTONA BEACH SHORES FL 32118**

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **D** ☒ Delete
NAME **KRAUTHEIM, WILLIAM**
STREET ADDRESS **331 SCHOONER AVENUE**
CITY-ST-ZIP **EDGEWATER FL 32141**

TITLE **D** ☒ Change ☐ Addition
NAME **Helmick, Roy**
STREET ADDRESS **607 Charter Lane**
CITY-ST-ZIP **Edgewater, FL 32141**

TITLE **D** ☐ Delete
NAME **TROUT, WILLIAM**
STREET ADDRESS **800 MASTHEAD LANE**
CITY-ST-ZIP **EDGEWATER FL 32141**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **D** ☐ Delete
NAME **STARR, CHARLOTTE**
STREET ADDRESS **521 PORTSIDE LANE**
CITY-ST-ZIP **EDGEWATER FL 32141**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **D** ☒ Delete
NAME **CONAGHAN, MARILYN**
STREET ADDRESS **528 STARBOARD AVENUE**
CITY-ST-ZIP **EDGEWATER FL 32141**

TITLE **D** ☒ Change ☐ Addition
NAME **Odom, Doyle**
STREET ADDRESS **718 Helmsman Lane**
CITY-ST-ZIP **Edgewater, FL 32141**

TITLE **D** ☐ Delete
NAME **ROY, LOUISE**
STREET ADDRESS **771 NAVIGATORS WAY**
CITY-ST-ZIP **EDGEWATER FL 32141**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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:

CHARLOTTE STARR
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Charlotte Starr

(386) 423-3821

2/16/03

CR2E037 (10/02)