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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 # **N38476** **(0)**

1. Corporation Name
EDGEWOOD COTTAGES ASSOCIATION, INC.

Principal Place of Business	Mailing Address
%CLYDE C. QUINBY 3800 N. AIRPORT ROAD NAPLES FL 33942	C/O EDGEWOOD COTTAGES ASSOC. 385 EDGEMERE WAY N. NAPLES FL 34105-7148 US

3. Date Incorporated or Qualified: 06/04/1990
3a. Date of Last Report: 04/24/1996

2. Principal Place of Business
21 385 EDGEMERE WAY NORTH
22 Suite, Apt. #, etc
23 NAPLES, FL
24 Zip 34105
25 Country USA

2a. Mailing Address
26
27 Suite, Apt. #, etc.
28 City & State
29 Zip
30 Country

4. FEI Number: 65-0251143 ☐ 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

QUINBY, CLYDE C.
3800 N. AIRPORT ROAD
NAPLES FL 33942

10. Name and Address of New Registered Agent

81 Name: FAUSNIGHT, MARY JO
82 Street Address (P.O. Box Number is Not Acceptable): 385 EDGEMERE WAY NORTH
83
84 City: NAPLES FL 85 Zip Code: 34105

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: Mary Jo Fausnight MARY JO FAUSNIGHT 4/18/97
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	PST	☒ DELETE	1.1 TITLE	P/D	☐ Change XX Addition
NAME	QUINBY, CLYDE C. JR.		1.2 NAME	KELLEY, ANDREW	
STREET ADDRESS	3800 N. AIRPORT ROAD		1.3 STREET ADDRESS	258 EDGEMERE WAY EAST	
CITY-ST-ZIP	NAPLES FL		1.4 CITY-ST-ZIP	NAPLES, FL 34105	
TITLE	D	☒ DELETE	2.1 TITLE	V/D	☐ Change XX Addition
NAME	QUINBY, CLYDE C. JR.		2.2 NAME	QUINBY, CLYDE C.	
STREET ADDRESS	3800 N. AIRPORT ROAD		2.3 STREET ADDRESS	3800 NORTH AIRPORT ROAD	
CITY-ST-ZIP	NAPLES FL		2.4 CITY-ST-ZIP	NAPLES, FL 34105	
TITLE	VD	☒ DELETE	3.1 TITLE	S/T/D	☐ Change XX Addition
NAME	QUINBY, CLYDE C. III		3.2 NAME	GENESER, JOE	
STREET ADDRESS	3800 N. AIRPORT ROAD		3.3 STREET ADDRESS	280 EDGEMERE WAY EAST	
CITY-ST-ZIP	NAPLES FL		3.4 CITY-ST-ZIP	NAPLES, FL 34105	
TITLE	D	☒ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	MURPHY, VINCENT		4.2 NAME		
STREET ADDRESS	3800 N. AIRPORT ROAD		4.3 STREET ADDRESS		
CITY-ST-ZIP	NAPLES FL		4.4 CITY-ST-ZIP		
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E037 (9/96)

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: Clyde C. Quinby REQUIRED 3-18-97 (941) 263-0761
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone # 0059514