

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Apr 13, 1999 8:00 am
Secretary of State

04-13-1999 90079 014 ****61.25

DOCUMENT # N38476

1. Corporation Name

EDGEWOOD ASSOCIATION, INC.

Principal Place of Business

98 WYNDEMERE WAY
NAPLES FL 34105
US

Mailing Address

98 WYNDEMERE WAY
~~385 EDGEWATER WAY N.~~
NAPLES FL 34105
US



2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

3. Date Incorporated or Qualified

06/04/1990

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

9. Name and Address of Current Registered Agent

FAUSNIGHT, MARY JO
98 WYNDEMERE WAY
NAPLES FL 34105

10. Name and Address of New Registered Agent

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PD
NAME KELLEY, ANDERSON
STREET ADDRESS 258 EDGEWATER WAY EAST
CITY-ST-ZIP NAPLES FL ☐ DELETE

TITLE VD
NAME OUNIEY, CLYDE C
STREET ADDRESS 3800 NORTH AIRPORT RD
CITY-ST-ZIP NAPLES FL ☒ DELETE

TITLE STD
NAME GENESER, JOE
STREET ADDRESS 280 EDGEWATER WAY EAST
CITY-ST-ZIP NAPLES FL ☒ DELETE

TITLE VD
NAME EMERICK, JOHN
STREET ADDRESS 244 EDGEWATER WAY EAST
CITY-ST-ZIP NAPLES FL 34105 ☒ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DELETE

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

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

2.1 TITLE ☐ Change ☒ Addition
2.2 NAME ST
2.3 STREET ADDRESS FARRINGTON, O'NEILL
2.4 CITY-ST-ZIP 232 EDGEWATER WAY E
NAPLES, FL 34105

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

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

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

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. 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 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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/4/99 (941) 263-0761

Date

Daytime Phone #

CR2E037 (11/98)