FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE
Sandra B Mortham
Secretary of State
DIVISION OF CORPORATIONS

1996

DOCUMENT # N9300002772 (2)
1. Corporation Name

EDGEWATER HOMEOWNER'S ASSOCIATION AND NEIGHBORHO OD WATCH, INC.

OD TIA	1011, 1110	•											
Principal Place of Business Mailing Address								i eddieiðs dið iðiðð join datei grill	88141 BĀ(18 BĀ(1		w11 546	14 (181 JAN)	
318 FRISCO RD PENSACOLA FL 32507				318 FRISCO RD PENSACOLA FL 32507									
								3. Date Incorporated or Qualified 06/14/1993	3a. Da	te of La:)4/10/			
Principal Place of Business The Principal Place of Business			2a. 26	2a. Mailing Address 26				4. FEI Number 59-3 190200			Applied For Not Applicable		
Suite, Apt. #, etc.			27	Suite, Apt. #, etc.				5. Certificate of Status Desired	\$8.75 Additional Fee Required				
City & State			28	City & State			Election Campaign Financing Trust Fund Contribution	S5.00 May Be Added to Fees					
Zip Country				Zip Country				This corporation has liability for intangible tax under s. 199.032,					
24		25 of Curr	29					Florida Statutes Yes No 10. Name and Address of New Registered Agent					
	9. Name	and Address of Curre	ent Hegis	terea Agent		B1	Name	TO. ISAINE BITO AUGITES OF NEW P	eAleraid 1	-April			
AMIL E EARL	C IAIIAIITA	•						(DO Do No. 1)	lat				
WILLIAMS, JAUNITA 318 FRISCO RD						82	Street Add	ress (P.O. Box Number is Not Acceptat	не)				
	OLA FL 32	507				83							
						84	City			85	Zip C	code	
						J	L	And the state of t	FL	l l	o ro1	stand office	
11. Pursuant t or register familiar wit	to the provisi red agent, or ith, and accep	ons of Sections 617.05(both, in the State of Flo pt the obligations of, Se	02 and 61 orida. Suct ction 617.	7.1508, Florida Statute n change was authorize 0503, Florida Statutes	s, the aboad by the	corp	named corpo oration's boa	ration submits this statement for the pu ard of directors. I hereby accept the app	ointment as	register	ed aç	gent. I am	
SIGNATURE .									DATE				
Signature, typed or printed name of registered agont at 12. OFFICERS AND							ii signature require	ed when reinstating! ADDITIONS/CHANGES TO OFF		DIREC	1089	3 IN 12	
Tillf	D					1 1 TITLE				Chanç		Addition	
NAME	1 -	IS, JAUNITA			1.21	IAME							
STREET ADDRESS	318 FRI	SCO RD		1.33			F ADDRESS						
CITY-ST-ZIP	+	PENSACOLA FL			1.4 CITY-ST-ZIP					T 6		- Indian	
TITLE	D			DEFELE	_				l	Chang	je	☐ Addition	
NAME		IT, FRANCES		2			. 1000100						
STREET ADDRESS		SCO RD COLA FL 32507					F ADDRESS						
CITY-ST-ZIP	D	DELETE				THTLE	ST - ZIP			Chang	ge	Addition	
NAME	ABLE, E	BIL				NAME						=	
STREET ADDRESS		SCO RD					T ADDRESS						
CITY ST-ZIP	PENSA	COLA FL 32507			3.4.	CITY-	ST-ZIP						
TITLE	D			DELETE	4.1	TITLE				Chan	ge	Addition	
NAME	MACK,					NAME							
STREET ADDRESS		ASEVILLE ST					T ADDRESS						
CITY - ST - ZIP	PENSA	COLA FL 32507		Decer			ST - ZIP			Chan	ne.	Addition	
TITLE				DELETE		TITLE Name				J.M.	B.		
NAME							T ADDRESS						
STREET ADDRESS					1		ST-ZIP						
CITY-ST-ZIP TITLE				DELETE		TITLE				Chan	ge	Addition	
NAME						NAME							
STREET ADDRESS	. [T ADDRESS						
OTHER PRODUCTS						-	ST - 7(P						

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplierental annual report is true and accurate and that my signature shall have the same legal effect as if made under cath; 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:

SIGNATURE:

BIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Deglame Phone #

CR2E037 (12/95)

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