**NONPROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # N9300002772

1. Corporation Name

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

Principal Place of Business 318 FRISCO RD PENSACOLA FL 32507

Mailing Address

318 FRISCO RD PENSACOLA FL 32507

## **FILED** Apr 09, 1999 8:00 am Secretary of State

04-09-1999 90003 014 \*\*\*\*61.25



— ·	lace of Business	2a. Mailing Address	ress		06/14/1993			
21	26 Suite, Apt. #, etc.		<del></del>		4. FEI Number	- Ani	olied For	
Suite, Apt.					59-3190200		Applicable	
City & State	27 City & State					\$8.75 A		
23 City & State	28				5. Certificate of Status Desired Fee Required			
Zip	Country	Zip	Country		6. Election Campaign Financing	\$5.00	\$5.00 May Be	
24	25 29				Trust Fund Contribution Added to Fees		o Fees	
	9. Name and Address of Current	Registered Agent			10. Name and Address of New Regist	ered Agent		
			81	Name				
WILLIAMS, JAUNITA				2 Street Address (P.O. Box Number is Not Acceptable)				
318 FRISCO RD				Salati Addiosa (1.5. Salati Ad				
PENSACOLA FL 32507				83				
I ENGROODA I E 02007				0.1		85 Zip C	`odo	
			84	City		FL 85 Zip C	,ode	
11. Pursuant	to the provisions of Sections 617.0502	and 617.1508, Florida Statute	es, the abov	e-named corp	poration submits this statement for the purpo	se of changing its	registered	
office or n	egistered agent, or both, in the State of m familiar with, and accept the obligation	i Florida. Such chande was a	utnorizea by	the corporation	on's board of directors. I hereby accept the	appointment as req	gistered	
_		·						
SIGNATURE	Signature, typed or printed name of registered agent	and title if applicable. (NOTE		nt signature require	A MINGIT I ON GENERAL DE	TE CLOSE OF CAR	50.01.10	
12.	OFFICERS AND		13.		ADDITIONS/CHANGES TO OFFICER			
TITLE	D/P	☐ DELETE	1.1 TITLE			Change	Addition	
NAME	WILLIAMS, JAUNITA		1.2 NAME					
STREET ADDRESS	318 FRISCO RD		1.3 STREE	T ADDRESS		~	_	
CITY-ST-ZIP	PENSACOLA FL		1.4 CITY-5	T-ZIP				
TITLE	D/5-T	☐ DELETE	2.1 TITLE			Change	Addition	
NAME	BENNETT, FRANCES		2.2 NAME					
STREET ADDRESS	404 FRISCO RD		. 2.3 STREE	T ADDRESS		ś	*	
CITY-ST-ZIP	PENSACOLA FL 32507		2. 4 CITY-	ST-ZIP			<u></u>	
TITLE	C	☐ DELETE	3.1 TITLE			Change	Addition	
NAME	MCKINNEY, CHARLES		3.2 NAME	•				
STREET ADDRESS	103 BOEING STREET		3.3 STREE	TADORESS	·			
CITY-ST-ZIP	PENSACOLA FL		3.4. CITY-	ST-ZIP				
TITLE	D/ViP.	☐ DELETE	4.1 TITLE			☐ Change	Addition	
NAME	MACK, EDITH		4. 2 NAME		•			
STREET ADDRESS	600 CHASEVILLE ST		4.3 STREE	T ADDRESS				
CITY-ST-ZIP	PENSACOLA FL 32507		4.4 CITY-5	ST-ZIP				
TITLE		☐ DELETE	5.1 TITLE			☐ Change	Addition	
NAME			5.2 NAME					
STREET ADDRESS			5.3 STREE	TADORESS				
CITY-ST-ZIP			5.4 CITY-5	ST-ZIP				
	4 5 Ma	☐ DELETE	6.1 TITLE	<del> </del>		☐ Change	☐ Addition	
NAME	. 15. 2004 		6.2 NAME					
STREET ADDRESS	F 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		6.3 STREE	TADDRESS				
OTV-ST-7ID	1: 15		6.4 CITY-					
1.0 1.0 1.7	,			1				

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:

*W*JIRED