## FILE NOW: FILING FEE IS \$61.25

**NONPROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

#### **Katherine Harris**

Secretary of State DIVISION OF CORPORATIONS

# DOCUMENT # N9400005526

### EDGEWATER AT GULF HARBOUR YACHT AND COUNTRY CLUB PROPERTY OWNERS' ASSOCIATION, INC.

Principal Place of Business								
2020 CLUBHOUSE DRIVE								
SUM CITY CENTER EL 33570								

2. Principal Place of Business

Mailing Address

2a. Mailing Address

FLM

1904 CLUBHOUSE DRIVE SUN CITY CENTER FL 33573

# FILED May 05, 1999 8:00 am Secretary of State

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3. Date Incorporated or Qualifed

21		26		11/08/1994	<u> </u>	
Suite, Apt.	#, etc.	Suite, Apt. #, etc.		4. FEI Number	Appli	ed For
22		27		59-3294454	Not A	Applicable
City & State City & State				5. Certificate of Status Desired	<b>\$8.75</b> Ad	
23		28		o. Octobate of States Desired	Fee Requ	ired
Zip	Country	Zip	Country	6. Election Campaign Financing	\$5. <b>00</b> м	ay Be
24	25	29 30		Trust Fund Contribution	Added to	Fees
	9. Name and Address of Current	Registered Agent		10. Name and Address of New Registered	Agent	,
		<del></del> -	81 Name	P.C. BEYER JR.		
FLINN, Mil	I <b>T</b>		82 Street Add	dress (P.O. Box Number is Not Acceptable)		
	BHOUSE DRIVE			2020 CLUBHOUSE	De,	
	CENTER FL 33570		83			
SUN CITT	CENTER PL 33370					
	1 1		84 City	UN CITY CENTER FL	85 Zip Co	5クス
11. Pursuant	to the provisions of Sections 617.0502	and 617,1508, Florida Statutes.	the above-named con	rporation submits this statement for the purpose of tion's board of directors. I hereby accept the appo	changing its re	gistered
office or r	egistered agent, or both, it the State of	Florida Such change was author	orized by the corpora	tion's board of directors. I hereby accept the appo	intment as regis	stered
	m ramiliar with, and accept the obligation	our pecucio 17.070 Trignos	Cialules.	15 MM144		
SIGNATURE	Signature, types of purited name of registered agent a	and title if applicable. (NOTF: Ren	pistered Agent signature requi	red when reinstarting) DATE		
12.	OFFICERS AND	<u> </u>	13.	ADDITIONS/CHANGES TO OFFICERS AT	ND DIRECTOR	S IN 12
TITLE	PD t (	☐ DELETÉ		(1)	Change	Addition
NAME	BEYER, R.C. J	J	1.2 NAME	DAVE REKOW	Q	
STREET ADDRESS	2020 CLUBHOUSE DRIVE		1.3 STREET ADDRESS	1150 MATECUMBE KEY	イギのこ	
1	SUN CITY CENTER FL		1.4 CITY-ST-ZIP	MISO MATECUMBE KEY DUNTA GORDA, FL. 339	5.5	
CITY-ST-ZIP	VD.	DELETE	2.1 TITLE		Change	Addition
NAME	CLUSTER, GENE	_	2.2 NAME	_		
STREET ADDRESS	11471 WELL FLEET DRIVE		2.3 STREET ADDRESS	•	•	
	FT MYERS FL 33908		2. 4 CITY-ST-ZIP			
CITY-ST-ZIP	STD	☐ DELETE	3.1 TITLE		Change	Addition
			3.2 NAME		_ •	_
NAME	FLINN, MILTON			·		
STREET ADDRESS	2020 CLUBHOUSE DRIVE		3.3 STREET ADDRESS			
CITY-ST-ZIP-	SUN CITY CENTER FL 33573	☐ DELETE	3.4. CITY-ST-ZIP		Change	Addition
TITLE	•		4.1 TITLE		f=1 outside	
NAME			4. 2 NAME			
STREET ADDRESS			4.3 STREET ADDRESS			
CITY-ST-ZIP			4.4 CITY-ST-ZIP		☐ Change	Addition
TITLE		☐ DELETE	5.1 TIFLE		□1 cuau8e	☐ AUGRION
NAME			5.2 NAME			
STREET ADDRESS			5.3 STREET ADDRESS			
CITY-ST-ZIP			5.4 CITY-ST-ZIP			CT 4 1499
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			

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 of 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 annuars in Block 12 or Block 13 if chapted or on an attachment with an address, with all other like empowered.

SIGNATURE: