

FILE NOW: FILING FEE IS \$61.25

**FILED**  
**Mar 02, 1999 8:00 am**  
**Secretary of State**

03-02-1999 90200 002 \*\*\*\*61.25

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NONPROFIT CORPORATION ANNUAL REPORT <b>1999</b>		FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # N96000006315**

1. Corporation Name

**EDGEWATER I AT CARLTON LAKES CONDOMINIUM ASSOCIATION, INC.**

Principal Place of Business

2405 PIPER BLVD.  
NAPLES FL 34110

Mailing Address

11314 SUNRAY DR 5800 Strand Blvd  
BONITA SPRINGS FL 34135 Naples 34110  
US



2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country	3. Date Incorporated or Qualified 12/11/1996 4. FEI Number 65-0720331 5. Certificate of Status Desired <input type="checkbox"/> 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>
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Applied For  
Not Applicable  
\$8.75 Additional  
Fee Required  
\$5.00 May Be  
Added to Fees

9. Name and Address of Current Registered Agent

SWALM & MURRELL, P.A.  
2375 TAMiami TRAIL NORTH  
SUITE 308  
NAPLES FL 33942

10. Name and Address of New Registered Agent

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	FL

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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D <input type="checkbox"/> DELETE	1.1 TITLE	President <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CLAUSSEN, CHRISTOPHER G	1.2 NAME	Oswald Minieris
STREET ADDRESS	2405 PIPER BLVD.	1.3 STREET ADDRESS	5125 Cobble Creek Court #102
CITY-ST-ZIP	NAPLES FL 33942	1.4 CITY-ST-ZIP	Naples FL 34110
TITLE	D <input type="checkbox"/> DELETE	2.1 TITLE	Vice President <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CLAUSSEN, ROBERT G	2.2 NAME	Robert Gristy
STREET ADDRESS	2405 PIPER BLVD.	2.3 STREET ADDRESS	5125 Cobble Creek Court #103
CITY-ST-ZIP	NAPLES FL 33942	2.4 CITY-ST-ZIP	Naples FL 34110
TITLE	D <input type="checkbox"/> DELETE	3.1 TITLE	Secretary/Treasurer <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	THOMPSON, STEPHEN R	3.2 NAME	Mike Griffin
STREET ADDRESS	2405 PIPER BLVD.	3.3 STREET ADDRESS	5115 Cobble Creek Court #103
CITY-ST-ZIP	NAPLES FL 33942	3.4 CITY-ST-ZIP	Naples FL 34110
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	Director <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		4.2 NAME	Eleanor Howe
STREET ADDRESS		4.3 STREET ADDRESS	5120 Cobble Creek Court #104
CITY-ST-ZIP		4.4 CITY-ST-ZIP	Naples FL 34110
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	Director <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		5.2 NAME	Patti Goodling
STREET ADDRESS		5.3 STREET ADDRESS	5115 Cobble Creek Court #101
CITY-ST-ZIP		5.4 CITY-ST-ZIP	Naples FL 34110
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	
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 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**

1/27/99

513-2162

CR2E037 (11/98)