

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 24, 2001 8:00 am
Secretary of State

04-24-2001 90314 026 ****61.25

DOCUMENT # N96000006315

1. Entity Name

EDGEWATER I AT CARLTON LAKES CONDOMINIUM ASSOCIA

Principal Place of Business

2405 PIPER BLVD.
 NAPLES FL 34110

Mailing Address

%THE WARNER CORPORATION
 886 110TH AVENUE NORTH, #7
 NAPLES FL 34108
 US



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

%The Warner Corp.

3. Mailing Address

Suite, Apt. #, etc.

886 110th Ave. N., Ste 7

City & State

Naples, Fl.

4. FEI Number **65-0720331**

Applied For

Not Applicable

Zip

Country

Zip

Country

34108

U.S.

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

WARNER, BRYAN J
886 110TH AVENUE NORTH, #7
NAPLES FL 34108

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing
 Trust Fund Contribution. ☐

\$5.00 May Be
 Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

TITLE **PD** ☐ Delete
 NAME **BOCWINSKI, JOHN**
 STREET ADDRESS **5125 COBBLE CREEK CT. #102**
 CITY-ST-ZIP **NAPLES FL 34110**

TITLE **TD** ☐ Delete
 NAME **KOWOL, MICHAEL**
 STREET ADDRESS **5125 COBBLE CREEK CT. #103**
 CITY-ST-ZIP **NAPLES FL 34110**

TITLE **D** ☒ Delete
 NAME **GRIEFF, DIANE**
 STREET ADDRESS **5125 COBBLE CREEK CT**
 CITY-ST-ZIP **NAPLES FL 34110**

TITLE **DV** ☐ Delete
 NAME **LOWE, ELEANOR**
 STREET ADDRESS **5120 COBBLE CREEK CT. #104**
 CITY-ST-ZIP **NAPLES FL 34110**

TITLE **D** ☐ Delete
 NAME **ALVA, ANTHONY**
 STREET ADDRESS **5115 COBBLE CREEK CT. #101**
 CITY-ST-ZIP **NAPLES FL 34110**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **V/D** ☒ Change ☐ Addition
 NAME **BOCWINSKI, JOHN**
 STREET ADDRESS **5125 Cobble Creek Ct, #102**
 CITY-ST-ZIP **Naples, Fl. 34110**

TITLE **S/D** ☐ Change ☒ Addition
 NAME **GRISTY, LORI**
 STREET ADDRESS **5125 Cobble Creek Ct, #201**
 CITY-ST-ZIP **Naples, Fl. 34110**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **P/D** ☒ Change ☐ Addition
 NAME **LOWE ELEANOR**
 STREET ADDRESS **5120 Cobble Creek Ct, #104**
 CITY-ST-ZIP **Naples, Fl. 34110**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Michael Kowol
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

MICHAEL KOWOL

4-17-01

941-597-9489

Date

Daytime Phone #

CR2E037 (10/00)