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Secretary of State

03-03-1999 90038 016 ****61.25

NONPROFIT CORPORATION ANNUAL REPORT 1999				FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # N96000006317					
1. Corporation Name EDGEWATER AT CARLTON LAKES COMMONS ASSOCIATION, INC.					
Principal Place of Business 2405 PIPER BLVD. NAPLES FL 34110			Mailing Address 1134 SUNSHINE DR 5300 Strand Blvd. BONITA SPRINGS FL 34135 Naples, 34110 US		



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2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country		3. Date Incorporated or Qualified 12/11/1996 4. FEI Number 65-0720326 5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required 6. Election Campaign Financing ☐ \$5.00 May Be Added to Fees	
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9. Name and Address of Current Registered Agent SWALM & MURRELL, P.A. 2375 TAMAMI TRAIL NORTH SUITE 308 NAPLES FL 33940				10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City FL 85 Zip Code	
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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	1.1 TITLE	☒ Change ☐ Addition
NAME	CLAUSSEN, CHRISTOPHER G	1.2 NAME	George Bona
STREET ADDRESS	2405 PIPER BLVD.	1.3 STREET ADDRESS	5130 Cobble Creek Court #101
CITY-ST-ZIP	NAPLES FL 34110	1.4 CITY-ST-ZIP	Naples, FL 34110
TITLE	D	2.1 TITLE	☒ Change ☐ Addition
NAME	CLAUSSEN, ROBERT G G	2.2 NAME	Robert G. G.
STREET ADDRESS	2405 PIPER BLVD.	2.3 STREET ADDRESS	5125 Cobble Creek Court #103
CITY-ST-ZIP	NAPLES FL 34110	2.4 CITY-ST-ZIP	Naples, FL 34110
TITLE	D	3.1 TITLE	☒ Change ☐ Addition
NAME	THOMPSON, STEPHEN R	3.2 NAME	Oswald Minneris
STREET ADDRESS	2405 PIPER BLVD.	3.3 STREET ADDRESS	5125 Cobble Creek Court #102
CITY-ST-ZIP	NAPLES FL 34110	3.4 CITY-ST-ZIP	Naples, FL 34110
TITLE		4.1 TITLE	☐ Change ☒ Addition
NAME		4.2 NAME	Virginia Heywood Jones
STREET ADDRESS		4.3 STREET ADDRESS	5130 Cobble Creek Court #204
CITY-ST-ZIP		4.4 CITY-ST-ZIP	Naples, FL 34110
TITLE		5.1 TITLE	☐ Change ☒ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		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 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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Signature Photo

CR2E037 (1/98)

1/03/99 (411) 597-9723