

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N96000006317

1. Entity Name

EDGEWATER AT CARLTON LAKES COMMONS ASSOCIATION.

FILED

Apr 30, 2001 8:00 am
Secretary of State

04-30-2001 90133 017 ****61.25

Principal Place of Business

2405 PIPER BLVD.
NAPLES FL 34110

Mailing Address

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

2. Principal Place of Business

%The Warner Corp.

Suite, Apt. #, etc.

886 110th Ave N, Ste 7

City & State

Naples, Florida

Zip

34108

Country

US

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

65-0720326

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE



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 D
NAME SULLIVAN, EDWARD
STREET ADDRESS 5140 COBBLE CREEK CT.
CITY-ST-ZIP NAPLES FL 34110 ☒ Delete

TITLE D
NAME MOUSA, BRUCE
STREET ADDRESS 5140 COBBLE CREEK CT.
CITY-ST-ZIP NAPLES FL 34110 ☒ Delete

TITLE D
NAME KOWOL, MICHAEL
STREET ADDRESS 5145 COBBLE CREEK CT.
CITY-ST-ZIP NAPLES FL 34110 ☐ Delete

TITLE D
NAME GRIEFF, DIANE
STREET ADDRESS 5115 COBBLE CREEK CT.
CITY-ST-ZIP NAPLES FL 34110 ☐ Delete

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE P/D
NAME IANNONE, ANTHONY
STREET ADDRESS 5130 COBBLE CREEK COURT, #103
CITY-ST-ZIP NAPLES, FL. 34110 ☐ Change ☒ Addition

TITLE P
NAME HOFFMAN, BEVERLY
STREET ADDRESS 5140 COBBLE CREEK CT, #103
CITY-ST-ZIP NAPLES, FL 34110 ☐ Change ☒ Addition

TITLE T/D
NAME KOWOL, MICHAEL
STREET ADDRESS 5145 COBBLE CREEK CT, #203
CITY-ST-ZIP NAPLES, FL. 34110 ☒ Change ☐ Addition

TITLE V/D
NAME GRIEFF, DIANE
STREET ADDRESS 5115 COBBLE CREEK CT, #104
CITY-ST-ZIP NAPLES, FL 34110 ☒ Change ☐ Addition

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 4-24-01 941-597-9489
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (10/00)