## FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION **ANNUAL REPORT** 

1998



FLORIDA DEPARTMENT OF STATE

**FILED** 

May 14 1998 8:00am

Secretary of State

941-5140700

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #

CITY-ST-ZIP

Block 12 or Block 13 if changed,

N97000001231 (6)

**EDGEWATER II AT CARLTON LAKES CONDOMINIUM ASSOCI** ATION, INC.

Mailing Address Principal Place of Business 2405 PIPER BLVD. 3. Date Incorporated or Qualified 2405 PIPER BLVD. NAPLES FL 34110 NAPLES FL 34110 <u>02/27/1997</u> Applied For 59-3450695 Not Applicable 2a. Mailing Address 2. Principal Place of Business \$8.75 Additional 5. Certificate of Status Desired 11314 SUNRAY DR. Fee Required 21 Suite, Apt. #, etc. Sulte, Apt. #, etc. \$5.00 May Be 6. Election Campaign Financing Trust Fund Contribution Added to Fees 22 City & State City & State 7. Is this nonprofit corporation a homeowners association? DONITH SPRINGS, FL 23 Zip 8. This corporation owes or has paid the current year intangible Country USA ☐ Yes Personal Property Tax due Jurie 30. 29 24 25 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent R1 Name SWALM & MURRELL, P.A. Street Address (P.O. Box Number is Not Acceptable) 82 2375 TAMIAMI TRAIL NORTH 83 **SUITE 308** NAPLES FL 33940 64 City Zip Code 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) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 12. 13. DELETE Change Addition 1.1 TITLE TITLE CLAUSSEN, CHRISTOPHER G 1.2 NAME NAME 2405 PIPER BLVD. 1.3 STREET ADDRESS STREET ADDRESS NAPLES FL 33942 1.4 CITY-ST-ZIP CITY-ST-ZIP Addition DELETE Change 2.1 TITLE TITLE CLAUSSEN, ROBERT G 2.2 NAME NAME 2405 PIPER BLVD. 2.3 STREET ADDRESS STREET ADDRESS NAPLES FL 33942 2.4 CITY-ST-ZIP CITY-ST-ZIP DELETE Change Addition TITLE 3.1 TITLE THOMPSON, STEPHEN R NAME 3.2 NAME 2405 PIPER BLVD. 3.3 STREET ADDRESS STREET ADDRESS NAPLES FL 33942 CITY-ST-ZIP 3.4. CITY-ST-ZIP DELETE Change Addition 4.1 TITLE TITI F NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS 4.4 CITY - ST - ZIP CITY-ST-ZIP Addition ☐ DELETE Change 5.1 TITLE TITLE 5.2 NAME NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY - ST - ZIP DELETE Change Addition 6.1 TITLE TITLE 6.2 NAME NAME 6.3 STREET ADDRESS STREET ADDRESS

6.4 CITY-ST-ZIP

14. Thereby 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 an altachment with an address.