


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

03-02-1999 90199 050 \*\*\*\*61.25

<b>NONPROFIT CORPORATION ANNUAL REPORT 1999</b>		<b>FLORIDA DEPARTMENT OF STATE</b> <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # N97000001231**

1. Corporation Name

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

Principal Place of Business

 2405 PIPER BLVD.  
 NAPLES FL 34110

Mailing Address

 H314 GUNRAY DR 5800 Strand Blvd.  
 BONITA SPRING FL 34135 Naples, 34110  
 US

 \* 2 7 4 4 4 5 \*  
 274445-90075-18


2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.	02/27/1997
22 City & State	27 City & State	4. FEI Number
23 Zip	28 Zip	59-3450695
24 Country	29 Country	Applied For
	30	Not Applicable
9. Name and Address of Current Registered Agent		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
10. Name and Address of New Registered Agent		6. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees

 SWALM & MURRELL, P.A.  
 2375 TAMiami TRAIL NORTH  
 SUITE 308  
 NAPLES FL 33940

81 Name

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

83

84 City

FL

85 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)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D <input checked="" type="checkbox"/> DELETE	1.1 TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CLAUSSEN, CHRISTOPHER G	1.2 NAME	George Bong
STREET ADDRESS	2405 PIPER BLVD.	1.3 STREET ADDRESS	5130 Cobble Creek Court # 101
CITY-ST-ZIP	NAPLES FL 33942	1.4 CITY-ST-ZIP	Naples, FL 34110
TITLE	D <input checked="" type="checkbox"/> DELETE	2.1 TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CLAUSSEN, ROBERT G	2.2 NAME	Margot Johnston
STREET ADDRESS	2405 PIPER BLVD.	2.3 STREET ADDRESS	5135 Cobble Creek Ct. #101
CITY-ST-ZIP	NAPLES FL 33942	2.4 CITY-ST-ZIP	Naples, FL 34110
TITLE	D <input checked="" type="checkbox"/> DELETE	3.1 TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	THOMPSON, STEPHEN R	3.2 NAME	Brady Hayward Starling
STREET ADDRESS	2405 PIPER BLVD.	3.3 STREET ADDRESS	5145 Cobble Creek Court #101
CITY-ST-ZIP	NAPLES FL 33942	3.4 CITY-ST-ZIP	Naples FL 34110
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		4.2 NAME	PJ Weeks
STREET ADDRESS		4.3 STREET ADDRESS	5130 Cobble Creek Court #201
CITY-ST-ZIP		4.4 CITY-ST-ZIP	Naples FL 34110
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	D <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		5.2 NAME	Edward Sullivan
STREET ADDRESS		5.3 STREET ADDRESS	5140 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)(l), 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

Daytime Phone #

CR2E037 (1/98)