

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 06, 2002 8:00 am**  
**Secretary of State**

03-06-2002 90101 048 \*\*\*\*61.25

**DOCUMENT # 750727**

1. Entity Name

**EDGEWATER MANOR HOMEOWNER'S ASSOCIATION**

Principal Place of Business

Mailing Address

2139 EDGEWATER CIRCLE SOUTHEAST  
 WINTER HAVEN FL 33880

2139 EDGEWATER CIRCLE SOUTHEAST  
 WINTER HAVEN FL 33880

2. Principal Place of Business

*2139 Edgewater Circle*  
 Suite, Apt. #, etc.

3. Mailing Address

*2139 Edgewater Circle*  
 Suite, Apt. #, etc.

City & State

*Winter Haven FL*

City & State

*Winter Haven FL*

Zip

Country

*33880-4647 Polk*

Zip

Country

*33880-4647 Polk*

6. Name and Address of Current Registered Agent

**MCCANN, OPAL**  
 2139 EDGEWATER CIRCLE SOUTHEAST  
 WINTER HAVEN FL 33880

4. FEI Number

**59-2882825**

Applied For

Not Applicable

5. Certificate of Status Desired

**\$8.75** Additional Fee Required



DO NOT WRITE IN THIS SPACE

7. Name and Address of New Registered Agent

Name *SAME*

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

*Opal M. McCann, Treasurer*

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

(NOTE: Registered Agent signature required when reinstating)

*1/24/02*

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	<b>P</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>WURTZ, BOB</b>	
STREET ADDRESS	<b>2111 EDGEWATER CIRCLE SOUTHEAST</b>	
CITY-ST-ZIP	<b>WINTER HAVEN FL 33880</b>	
TITLE	<b>VP</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>DAVIDSON, BOB</b>	
STREET ADDRESS	<b>2119 EDGEWATER CR SE</b>	
CITY-ST-ZIP	<b>WINTER HAVEN FL 33880</b>	
TITLE	<b>T</b>	<input type="checkbox"/> Delete
NAME	<b>MCCANN, OPAL</b>	
STREET ADDRESS	<b>2139 EDGEWATER CIRCLE SOUTHEAST</b>	
CITY-ST-ZIP	<b>WINTER HAVEN FL 33880</b>	
TITLE	<b>S</b>	<input type="checkbox"/> Delete
NAME	<b>FILYPEK, SHIRLEY</b>	
STREET ADDRESS	<b>2125 EDGEWATER CIR S.E.</b>	
CITY-ST-ZIP	<b>WINTER HAVEN FL 33880</b>	
TITLE	<b>D</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>HOLM, CARL</b>	
STREET ADDRESS	<b>2133 EDGEWATER CIRCLE SOUTHEAST</b>	
CITY-ST-ZIP	<b>WINTER HAVEN FL 33880</b>	
TITLE	<b>D</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>SMITH, TORY</b>	
STREET ADDRESS	<b>2126 EDGEWATER CIRCLE SOUTHEAST</b>	
CITY-ST-ZIP	<b>WINTER HAVEN FL 33880</b>	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	<b>P</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>Terry Haynes</b>	
STREET ADDRESS	<b>2101 Edgewater Circle</b>	
CITY-ST-ZIP	<b>Winter Haven, FL 33880</b>	
TITLE	<b>VP</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>Kirk Smith</b>	
STREET ADDRESS	<b>2126 Edgewater Circle</b>	
CITY-ST-ZIP	<b>Winter Haven, FL 33880</b>	
TITLE	<b>T</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>SAME</b>	
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	<b>S</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>SAME</b>	
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	<b>D</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>Bob Wurtz</b>	
STREET ADDRESS	<b>2111 Edgewater Circle</b>	
CITY-ST-ZIP	<b>Winter Haven, FL</b>	
TITLE	<b>D</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>Frank Daniels</b>	
STREET ADDRESS	<b>2105 Edgewater Circle</b>	
CITY-ST-ZIP	<b>Winter Haven, FL</b>	

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: *Opal M. McCann* **OPAL M McCANN** *2/15/02* **863-299-3932**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/01)