

**2016 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**

**Feb 29, 2016**

**Secretary of State**

**CC3664902125**

DOCUMENT# 753650

**Entity Name:** EDGEWATER CLUB, INC.

**Current Principal Place of Business:**

2840 WAXWING LANE  
ENGLEWOOD, FL 34224

**Current Mailing Address:**

2840 WAXWING LANE  
ENGLEWOOD, FL 34224

**FEI Number:** 59-2193013

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

LEES, SANDRA J  
2820 WAXWING LANE  
ENGLEWOOD, FL 34224 US

*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:** SANDRA LEES

02/29/2016

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title            PRESIDENT  
Name            LABRANCHE, DENNIS  
Address        6179 PARTRIDGE AVE  
City-State-Zip: ENGLEWOOD FL 34224

Title            VP  
Name            CAMPBELL, SUSAN  
Address        2715 TANAGER LANE  
City-State-Zip: ENGLEWOOD FL 34224

Title            SECRETARY  
Name            WATSON, DONNA  
Address        8461 ALBATROSS LANE  
City-State-Zip: ENGLEWOOD FL 34224

Title            DIRECTOR  
Name            BROWN, MILLIE  
Address        6221 PARTRIDGE AVE  
City-State-Zip: ENGLEWOOD FL 34223

Title            TREASURER  
Name            LEES, SANDRA  
Address        2820 WAXWING LANE  
City-State-Zip: ENGLEWOOD FL 34224

Title            DIRECTOR  
Name            CANONICO, FRANK  
Address        1387 KISKADEE DRIVE  
City-State-Zip: ENGLEWOOD FL 34224

Title            DIRECTOR  
Name            CARPENTER, CLIFF  
Address        1372 MALLARD DRIVE  
City-State-Zip: ENGLEWOOD FL 34224

Title            DIRECTOR  
Name            MATE, GLADYS  
Address        2734 TANAGER LANE  
City-State-Zip: ENGLEWOOD FL 34224

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*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.*

**SIGNATURE:** SANDRA LEES

**TREASURER**

02/29/2016

Electronic Signature of Signing Officer/Director Detail

Date

**Officer/Director Detail Continued :**

Title            DIRECTOR  
Name            COLLINS, MIKE  
Address        1396 BLUE HERON DRIVE  
City-State-Zip: ENGLEWOOD FL 34224