

2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

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

02/11/2015

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 ROGERS, SALLY
Address 6473 FALCON DRIVE
City-State-Zip: ENGLEWOOD FL 34224

Title SECRETARY
Name FRANKS, PAT
Address 2860 PENGUIN 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 L
Address 2820 WAXWING LANE
City-State-Zip: ENGLEWOOD FL 34224

Title DIRECTOR
Name IZZO, VINCENT
Address 6351 PARTRIDGE AVE
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

Continues on page 2

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

02/11/2015

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