2017 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 02/09/2017

Electronic Signature of Registered Agent

Date

FILED Feb 09, 2017

Secretary of State

CC5349867705

Officer/Director Detail:

Title PRESIDENT Title VP

NameCAMPBELL, SUSANNameRALPH, ROLANDAddress2715 TANAGER LANEAddress1381 KISKADEE DRCity-State-Zip:ENGLEWOOD FL 34224City-State-Zip:ENGLEWOOD FL 34224

TitleSECRETARYTitleDIRECTORNameWATSON, DONNANameBROWN, MILLIEAddress8461 ALBATROSS LNAddress6221 PARTRIDGE AVE

City-State-Zip: ENGLEWOOD FL 34224 City-State-Zip: ENGLEWOOD FL 34223

Title TREASURER Title DIRECTOR

NameLEES, SANDRANameCANONICO, FRANKAddress2820 WAXWING LANEAddress1387 KISKADEE DRCity-State-Zip:ENGLEWOOD FL 34224City-State-Zip:ENGLEWOOD FL 34224

Title DIRECTOR Title DIRECTOR

NamePEPTIS, JAMESNameCAMERON, PATRICIAAddress1457 BLUE HERON DRAddress1521 SANDERLING DRCity-State-Zip:ENGLEWOOD FL 34224City-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 02/09/2017

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