

FILE NOW: FILING FEE IS \$61.25

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May 14 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # 763721 (8)  
1. Corporation Name  
EDGEWATER PINES ASSOCIATION OF SEMINOLE, FLORIDA, INC.

Principal Place of Business Mailing Address  
10399 67TH AVENUE NORTH SEMINOLE FL 33772 10399 67TH AVENUE NORTH SEMINOLE FL 33772

2. Principal Place of Business 2a. Mailing Address  
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.  
22 City & State 27 City & State  
23 Zip Country 28 Zip Country  
24 25 29 30

3. Date Incorporated or Qualified  
06/16/1982  
4. FEI Number Applied For  
59-6531141 Not Applicable  
5. Certificate of Status Desired  \$8.75 Additional Fee Required  
6. Election Campaign Financing Trust Fund Contribution  \$5.00 May Be Added to Fees  
7. Is this nonprofit corporation a homeowners association?  Yes  No  
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.  Yes  No

9. Name and Address of Current Registered Agent  
NOYES, HELEN  
10399 67TH AVE N.  
SEMINOLE FL 33772

10. Name and Address of New Registered Agent  
81 Name Helen Hayes  
82 Street Address (P.O. Box Number is Not Acceptable) 10399-67 AVE #1  
83  
84 City Seminole FL 85 Zip Code 33772

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 *Helen P. Hayes Sec. of* May 13, 1998  
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                      | BP <input checked="" type="checkbox"/> DELETE | 1.1 TITLE   | PRESIDENT <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition      |
| NAME                       | WILMOT, ALYCE                                 | 1.2 NAME  | WILMOT, ALYCE   |
| STREET ADDRESS             | 10399 67TH AVENUE NORTH #118                  | 1.3 STREET ADDRESS                                    | 10399 67TH AVE, NORTH #118  |
| CITY-ST-ZIP                | SEMINOLE FL 37742                             | 1.4 CITY-ST-ZIP                                       | SEMINOLE, FL 33772  |
| TITLE                      | P <input checked="" type="checkbox"/> DELETE  | 2.1 TITLE   | VICE PRESIDENT <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME                       | JOHNSON, EDMUND                               | 2.2 NAME  | KRUG, FRED  |
| STREET ADDRESS             | 10399 67TH AVENUE NORTH #92                   | 2.3 STREET ADDRESS                                    | 10399 67TH AVE, NORTH #101  |
| CITY-ST-ZIP                | SEMINOLE FL 37742                             | 2.4 CITY-ST-ZIP                                       | SEMINOLE, FL 33772  |
| TITLE                      | S <input checked="" type="checkbox"/> DELETE  | 3.1 TITLE   | SECRETARY <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition      |
| NAME                       | HAYES, HELEN                                  | 3.2 NAME  | HAYES, HELEN  |
| STREET ADDRESS             | 10399 67TH AVENUE NORTH #1                    | 3.3 STREET ADDRESS                                    | 10399 67TH AVE, NORTH #1  |
| CITY-ST-ZIP                | SEMINOLE FL 37742                             | 3.4 CITY-ST-ZIP                                       | SEMINOLE, FL 33772  |
| TITLE                      | DC <input checked="" type="checkbox"/> DELETE | 4.1 TITLE   | DIRECTOR <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition       |
| NAME                       | NOYES, HELEN                                  | 4.2 NAME  | ALLEN, AL   |
| STREET ADDRESS             | 10399 67TH AVENUE NORTH #13                   | 4.3 STREET ADDRESS                                    | 10399 67TH AVE, NORTH #26   |
| CITY-ST-ZIP                | SEMINOLE FL 37742                             | 4.4 CITY-ST-ZIP                                       | SEMINOLE, FL 33772  |
| TITLE                      | D <input checked="" type="checkbox"/> DELETE  | 5.1 TITLE   | DIRECTOR <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition       |
| NAME                       | LAPIERRE, ANNE                                | 5.2 NAME  | WICKLINE, CAROL   |
| STREET ADDRESS             | 10399 67TH AVENUE NORTH #11                   | 5.3 STREET ADDRESS                                    | 10399 67TH AVE, NORTH #117  |
| CITY-ST-ZIP                | SEMINOLE FL 37742                             | 5.4 CITY-ST-ZIP                                       | SEMINOLE, FL 33772  |
| TITLE                      | D <input checked="" type="checkbox"/> DELETE  | 6.1 TITLE   | DIRECTOR <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition       |
| NAME                       | ARCHAMBAULT, FLORENCE                         | 6.2 NAME  | STEVENSON, HAROLD   |
| STREET ADDRESS             | 10399 67TH AVENUE NORTH #5                    | 6.3 STREET ADDRESS                                    | 10399 67TH AVE, NORTH #57   |
| CITY-ST-ZIP                | SEMINOLE FL 37742                             | 6.4 CITY-ST-ZIP                                       | SEMINOLE, FL 33772  |

14. 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 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.

SIGNATURE *[Signature]* 4-11-98

CFR2E037 (10/97)