

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 751062

FILED
Apr 08, 2005
Secretary of State

Entity Name: EDGEWATER CONDOMINIUM APARTMENTS OF DELTONA, FLORIDA, INC.

Current Principal Place of Business:

2180 W. STATE RD. 434
SUITE 5000
LONGWOOD, FL 32779

New Principal Place of Business:

Current Mailing Address:

2180 W. STATE RD. 434
SUITE 5000
LONGWOOD, FL 32779

New Mailing Address:

FEI Number: 59-2373459

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HART, JAMES W JR
SENTRY MANAGEMENT, INC.
2180 S. STATE RD. 434, SUITE 5000
LONGWOOD, FL 32779 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: SD () Delete
Name: SHELDON, EVELYN E
Address: 100 SWEETGUN WOODS CT #2-C
City-St-Zip: DELTONA, FL 32725

Title: VPD () Delete
Name: OLSON, MARK
Address: 150 WAX MYRTLE WOODS CT #3-B
City-St-Zip: DELTONA, FL 32725

Title: PD () Delete
Name: KRADEL, JAMES
Address: 160 LIVE OAK WOODS CT #8-A
City-St-Zip: DELTONA, FL 32725

Title: VPD () Delete
Name: MILLS, GEORGE
Address: 180 MAGNOLIA WOODS CT. #11-C
City-St-Zip: DELTONA, FL 32725

Title: TD () Delete
Name: HANSEN, JEANNE
Address: 100 SWEETGUM WOODS CT. #9-D
City-St-Zip: DELTONA, FL 32725

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: VPD (X) Change () Addition
Name: MINKLER, GERRY
Address: 150 WAX MYRTLE WOODS CT #8-D
City-St-Zip: DELTONA, FL 32725

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 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 an address, with all other like empowered.

SIGNATURE: JAMES KRADEL

PD

04/08/2005

Electronic Signature of Signing Officer or Director

Date