

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00000002603

FILED
Mar 28, 2008
Secretary of State

Entity Name: EDGEWATER HARBOR CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

19828 GULF BOULEVARD
INDIAN SHORES, FL 33785 US

New Principal Place of Business:

Current Mailing Address:

19828 GULF BOULEVARD
INDIAN SHORES, FL 33785 US

New Mailing Address:

FEI Number: 59-3643237 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WEST, SHERROD
19828 GULF BOULEVARD
UNIT 501
INDIAN SHORES, FL 33785 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: PD () Delete
Name: BARR, ED
Address: 19828 GULF BOULEVARD # 401
City-St-Zip: INDIAN SHORES, FL 33785 US

Title: D () Delete
Name: WIZA, MICHAEL
Address: 19828 GULF BLVD #402
City-St-Zip: INDIAN SHORES, FL 33785 US

Title: STD () Delete
Name: WEST, SHERROD W
Address: 19828 GULF BOULEVARD # 501
City-St-Zip: INDIAN SHORES, FL 33785 US

Title: VPD () Delete
Name: SNYDER, RICHARD
Address: 4604 AVENUE LONGCHAMPS
City-St-Zip: LUTZ, FL 33649

Title: D (X) Delete
Name: TOOLE, WARREN
Address: 19828 GULF BLVD # 101
City-St-Zip: INDIAN SHORES, FL 33785

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: D (X) Change () Addition
Name: TOOLE, WARREN
Address: 19828 GULF BLVD #101
City-St-Zip: INDIAN SHORES, FL 33785 US

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

Title: D (X) Change () Addition
Name: HENDERSON, ANNE
Address: 5127 S. NICHOL STREET
City-St-Zip: TAMPA, FL 33611 US

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

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, 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: SHERROD WEST

_____ Electronic Signature of Signing Officer or Director

STD

03/28/2008

_____ Date