

**2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED  
Apr 11, 2005  
Secretary of State**

DOCUMENT# N01000001280

Entity Name: EDGEWATER PLACE HOMEOWNERS ASSOCIATION, INC.

**Current Principal Place of Business:**

2180 W SR 434  
STE 5000  
LONGWOOD, FL 32779

**New Principal Place of Business:**

**Current Mailing Address:**

2180 W SR 434  
STE 5000  
LONGWOOD, FL 32779

**New Mailing Address:**

FEI Number: 59-3709333      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

HART, JAMES W JR  
2180 W SR 434 STE 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: PD ( ) Delete  
Name: LAPORTA, JENNIFER  
Address: 8550 EDGEWATER PLACE BLVD  
City-St-Zip: TAMPA, FL 33615

Title: VPD (X) Delete  
Name: CABRERA, MELISSA  
Address: 8523 EDGEWATER PLACE BLVD  
City-St-Zip: TAMPA, FL 33615

Title: SD ( ) Delete  
Name: GRECO, LAURA  
Address: 8429 EDGEWATER PLACE BLVD  
City-St-Zip: TAMPA, FL 33615

Title: TD ( ) Delete  
Name: KATHARY, LAURA  
Address: 8526 EDGEWATER PLACE BLVD  
City-St-Zip: TAMPA, FL 33615

Title: D ( ) Delete  
Name: NAZARIO, WILLIAM  
Address: 8011 SAVANNAH SUNSET LN  
City-St-Zip: TAMPA, FL 33615

**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: TD (X) Change ( ) Addition  
Name: NEAL, DAVID  
Address: 8425 EDGEWATER PLACE BLVD  
City-St-Zip: TAMPA, FL 33615

Title: D (X) Change ( ) Addition  
Name: DOYLE, ROSE  
Address: 8006 SUTTON TERRACE LN  
City-St-Zip: TAMPA, FL 33615

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: JENNIFER LAPORTA

PD

04/11/2005

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date