

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01000001280

FILED
Apr 13, 2007
Secretary of State

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: SD () Delete
Name: ODOM, BERNARD
Address: 8419 EDGEWATER PLACE BLVD
City-St-Zip: TAMPA, FL 33615

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

Title: D () Delete
Name: RIVA, REBECCA
Address: 8503 EDGEWATER PLACE BLVD
City-St-Zip: TAMPA, FL 33615

Title: VPD () Delete
Name: DOYLE, ROSE
Address: 8006 SUTTON TERRACE 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: D (X) Change () Addition
Name: CABRERA, MELISSA
Address: 8523 EDGEWATER PLACE BLVD
City-St-Zip: TAMPA, FL 33615

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 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: LAURA GRECO

PD

04/13/2007

Electronic Signature of Signing Officer or Director

_____ Date