



**2007 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 19, 2007 08:00 A
Secretary of State

DOCUMENT # N93000002772 1. Entity Name EDGEWATER HOMEOWNER'S ASSOCIATION AND NEIGHBORHOOD WATCH, INC.	
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Principal Place of Business 318 FRISCO RD PENSACOLA, FL 32507	Mailing Address 318 FRISCO RD PENSACOLA, FL 32507
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DO NOT WRITE IN THIS SPACE

	
04092007 No Chg-NP	CR2E037 (4/06)
4. FEI Number 59-3190200	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

WILLIAMS, JAUNITA
318 FRISCO RD
PENSACOLA, FL 32507

**DO NOT WRITE
IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reappointing) _____ DATE _____

Filing Fee is \$61.25 Due by May 1, 2007	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP WILLIAMS, JAUNITA 318 FRISCO RD PENSACOLA, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST HORTON, FRANCES 504 CHASEVILLE ST PENSACOLA, FL 32507
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVP CHESTNUT, JUDITH A 503 FRISCO RD PENSACOLA, FL 32507
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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IN THIS SPACE**

U00000718236
05/01/07-80013-022 61.25

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Jaunita Williams (Jaunita Williams) 4-9-07 850-455-6993
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #