

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 766625

FILED
Jan 15, 2005
Secretary of State

Entity Name: EDGEWATER OFFICE COMPLEX ASSOCIATION, INC.

Current Principal Place of Business:

3000 EDGEWATER DRIVE
ORLANDO, FL 32804

New Principal Place of Business:

Current Mailing Address:

2917 EDGEWATER DR
ORLANDO, FL 32804 US

New Mailing Address:

FEI Number: 59-3179194

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MARKOVITZ, HAROLD
2917 EDGEWATER DR
ORLANDO, FL 32804 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: P () Delete
Name: KUHN, RALPH
Address: 82 HOLLOW PINE DR
City-St-Zip: DEBARY, FL 32713

Title: TD () Delete
Name: MARKOVITZ, HAROLD
Address: 2917 EDGEWATER DR
City-St-Zip: ORLANDO, FL 32804

Title: S () Delete
Name: WEIDENER, JAMES P
Address: 10418 NW 31ST TERRACE
City-St-Zip: MIAMI, FL 33172

Title: D (X) Delete
Name: WEIDENER, MARGARITA
Address: 10418 NW 31ST TERRACE
City-St-Zip: MIAMI, FL 33172

Title: D () Delete
Name: KUHN, VICTORIA
Address: 82 HOLLOW PINE DR
City-St-Zip: DEBARY, FL 32713

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

Title: VP (X) Change () Addition
Name: MARGARITA, MARKOVITZ
Address: 120 VARIETY TREE CIR
City-St-Zip: ALTAMONTE SPRINGS, FL 32714

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

Title: S (X) Change () Addition
Name: KUHN, VICTORIA
Address: 82 HOLLOW PINE DR
City-St-Zip: DEBARY, FL 32713

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: HAROLD MARKOVITZ

TD

01/15/2005

Electronic Signature of Signing Officer or Director

Date