2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT #766625



FILED Apr 17, 2006 8:00 am Secretary of State

Discrete Place of Discretes ORLANDO, FL 32804 2. Principal Place of Business Suite, Apt. 4, etc. 2. Principal Place of Business Suite, Apt. 4, etc. 3. Mailing Address Suite, Apt. 4, etc. City & State City & State City & State City & State City & State City & State City & State City & State City & State City & State A. FEI Number 3. Contriv To Double Discrete City & State A. FEI Number 3. Contriv To Double Discrete City & State A. FEI Number 3. Contriv To Suite Apt. 4, etc. Since Apt. 4, etc. City & State A. FEI Number 3. Contriv To Number A. Contrivation of Course of States Desired B. The Advance of New Registered Agent MARKOVITZ HAROLD CITY State Address (P.D. Box Number is Not Acceptable) Discrete Address (P.D. Box Number is Not Acceptable) State Address (P.D. Box Number is Not Acceptable) State Address (P.D. Box Number is Not Acceptable) State Address of Pools, in the State of Florida. 1 am familiar with, and accept interceding to the conglications of registered agent. Stan All Till To Suprementation of registered agent. In City Suprementation of the purpose of Changing its registered office or registered agent, or both, in the State of Florida. 1 am familiar with, and accept interceding to the conglication of registered agent. Stan All Till Suprementation of the purpose of Changing its registered office or registered agent, or both, in the State of Florida. 1 am familiar with and accept interceding the conglication of the purpose of Changing its registered office or registered agent, or both, in the State of Florida. 1 am familiar with and accept interceding the conglication of the purpose of Changing its registered agent, or both, in the State of Florida. 1 am familiar with and accept interceding the conglication of the purpose of Changing its registered agent. Stan All Till Suprementation of the purpose of Changing its registered agent of the purpose of Changing its registered agent. In City Suprementation of the purpose of Changing its registered agent. In City Sup	1. Entity Nam EDGEWA	TER OFFICE COMPLEX	ASSOCIA	ATION, INC.				04-17-2006	90369 02	.7 ****61	1.25
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City & State	2. Principal P	lace of Business	3. Mailir	3. Mailing Address							
Sport Spor	Suite, Apt. #, etc.			Suite, Apt. #, etc.			04112006	Chg-NP	CR2E03	7 (11/05)	
S. Certificate of Sistins Desired Fee Required MARKOVITZ. HAROLD 2917 EDGEVATER DR ORLANDO, FL 32804 Sired Address (P.O. Box Number is Not Acceptable) City FL Zip Code City FL Zip Code City FL Zip Code City FL Zip Code S. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familier with, and acceptate the obligations of registered agent, or both, in the State of Florida. I am familier with, and acceptate the obligations of registered agent, or both, in the State of Florida. I am familier with, and acceptate the obligations of registered agent, or both, in the State of Florida. I am familier with, and acceptate the obligations of registered agent, or both, in the State of Florida. I am familier with, and acceptate the obligations of registered agent, or both, in the State of Florida. I am familier with, and acceptate the obligations of registered agent, or both, in the State of Florida. I am familier with, and acceptate the obligations of registered agent, or both, in the State of Florida. I am familier with, and acceptate the obligations of registered agent, or both, in the State of Florida. I am familier with, and acceptate the obligations of registered agent, or both, in the State of Florida. I am familier with, and acceptate the obligations of registered agent, or both, in the State of Florida. I am familier with, and acceptate the obligations of registered agent, or both, in the State of Florida. I am familier with, and acceptate the obligations of registered agent, or both, in the State of Florida. I am familier with, and acceptate the obligations of registered agent, or both, in the State of Florida. SIGNATURE FILIP For Certs And Directors FILIP For Certs And Directors IT State Addition Now Expert Andress FILIP For Certs And Directors FILIP For Certs Andress FILIP For Certs Andress	City & State	e	City	City & State			F0 0470404				
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2917 EDGEVIATER DR ORLANDO, FL 32804 8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE	MARKOVI	TZ. HAROLD				Name					
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8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE Signature Signatu						City			EI	Zip Code)
Due by May 1, 2006	the obligat	ions of registered agent.						n, in the State of Flo		amiliar with,	and accept
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NAME STREET ADDRESS CITY-ST-ZIP STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 12. I hereby certify that the information supplied with this filting does not qualify for the exemptions contained in Chapter 119. Horida Statutes. I further certify that the information	NAME STREET ADDRESS			Delete	NAM STRE	ET ADDRESS				☐ Change	☐ Addition
	NAME STREET ADDRESS CITY-ST-ZIP	certify that the information supplied w	ith this filina d		NAM STRE CITY	E ±t adoress '-st-zip	t in Chanter 110	Florida Statutes 1			

SIGNATURE: Victoria T. Kuhn S Victoria T. Kuhn 4/13/06 775-6631