

**2014 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N99000002439

**Entity Name:** EDISON PARK NEIGHBORHOOD ASSOCIATION, INC.**Current Principal Place of Business:**1656 LLEWELLYN DR  
FORT MYERS, FL 33901**Current Mailing Address:**1656 LLEWELLYN DR  
FORT MYERS, FL 33901 US**FEI Number:** 65-0991391**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**DINGEE, GAIL GTRES  
1656 LLEWELLYN DR  
FORT MYERS, FL 33901 US*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**Officer/Director Detail :**

Title	DIRECTOR
Name	BOCHETTE , LISTON
Address	1632 LLEWELLYN DR
City-State-Zip:	FORT MYERS FL 33901

Title	PRESIDENT
Name	BALOGH, FRANK
Address	LLEWELLYN DRIVE
City-State-Zip:	FORT MYERS FL 33901

Title	TRES
Name	DINGEE, GAIL
Address	1656 LLEWELLYN DR
City-State-Zip:	FORT MYERS FL 33901

Title	S
Name	GAIDE, KIM
Address	WOODLAWN AVE
City-State-Zip:	FORT MYERS FL 33901

Title	D
Name	BOCHETTE, LISTON
Address	1632 LLEWELLYN DR
City-State-Zip:	FORT MYERS 33901`

Title	PRES
Name	CRAIG, MCLEAN
Address	EUCLID AVE
City-State-Zip:	FORT MYERS FL 33901

*I hereby 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 all other like empowered.*

**SIGNATURE:** GAIL GRADY DINGEE**TREASURER****04/19/2014**\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail\_\_\_\_\_  
Date