

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 02, 2006 8:00 am
Secretary of State

02-02-2006 90080 033 ****61.25

DOCUMENT # 714854 1. Entity Name EDGEWOOD GREENS CONDOMINIUM "A", INC.					
Principal Place of Business SOUTHEAST CONDO MGMT. 2855 N. UNIVERSITY SR STE 310 CORAL SPRINGS, FL 33065 US				Mailing Address SOUTHEAST CONDO MGMT. 2855 N. UNIVERSITY SR STE 310 CORAL SPRINGS, FL 33065 US	
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 65-0168333 <div style="float: right;"> <input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable </div>	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
SOUTHEAST CONDOMINIUM MANAGEMENT, INC. 2855 UNIVERSITY DR #310 CORAL SPRINGS, FL 33065			Name Street Address (P.O. Box Number is Not Acceptable) City <div style="text-align: right;"> FL Zip Code </div>		
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: <u><i>Sergio A. Minozzi</i></u> <i>President</i> <i>1/20/06</i> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee is \$61.25 Due by May 1, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	TD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	DELVECCHIO, JOHN		NAME		
STREET ADDRESS	1631 NW 46 AVENUE # 118		STREET ADDRESS		
CITY- ST- ZIP	LAUDERHILL, FL 33313		CITY- ST- ZIP		
TITLE	DP	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	MINOZZI, TERRY		NAME		
STREET ADDRESS	1621 NW 46TH AVE		STREET ADDRESS		
CITY- ST- ZIP	LAUDERHILL, FL 33313		CITY- ST- ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	DOUGLAS, WILLIAM		NAME		
STREET ADDRESS	1631 NW 46 AVE #217		STREET ADDRESS		
CITY- ST- ZIP	LAUDERHILL, FL 33313		CITY- ST- ZIP		
TITLE	SD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	BAKER, PATRICIA		NAME		
STREET ADDRESS	1621 NW 46 AVE #208		STREET ADDRESS		
CITY- ST- ZIP	LAUDERHILL, FL 33313		CITY- ST- ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	ENA MARS		NAME		
STREET ADDRESS	1631 NW 46 AVE # 117		STREET ADDRESS		
CITY- ST- ZIP	LAUDERHILL FL 33313		CITY- ST- ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY- ST- ZIP			CITY- ST- ZIP		
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: _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					
				<small>Date</small> _____ <small>Daytime Phone #</small> _____	