2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 11, 2007
Secretary of State

DOCUMENT# 727400

Entity Name: EDGEWATER ARMS THIRD, INC.

Current Principal Place of Business:

4151 WOODLANDS PARKWAY
PALM HARBOR, FL 34685 US

New Principal Place of Business:

Current Mailing Address:

4151 WOODLANDS PARKWAY
PALM HARBOR, FL 34685 US

New Mailing Address:

FEI Number: 59-1803910 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

REARDON, MAUREEN C
4151 WOODLANDS PARKWAY
PALM HARBOR, FL 34685 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: SD ( ) Delete
Name: WHALON, JANET
Address: 632 EDGEWATER DRIVE #333
City-St-Zip: DUNEDIN, FL 34698

Title: D ( ) Delete
Name: BROWN, RONALD
Address: 632 EDGEWATER DRIVE, #534
City-St-Zip: DUNEDIN, FL 34698

Title: TD ( ) Delete
Name: BUSSELLE, JAMES
Address: 632 EDGEWATER DRIVE #732
City-St-Zip: DUNEDIN, FL 34698

Title: PD ( ) Delete
Name: YUHASZ, YOLAN
Address: 632 EDGEWATER DRIVE, #734
City-St-Zip: DUNEDIN, FL 34698

Title: VPD ( ) Delete
Name: STANFORD, JIM
Address: 632 EDGEWATER DRIVE, #433
City-St-Zip: DUNEDIN, FL 34698

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

Title: PD (X) Change ( ) Addition
Name: TIRONE, GASPER
Address: 632 EDGEWATER DRIVE, #731
City-St-Zip: DUNEDIN, FL 34698

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

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 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: GASPER TIRONE PD 04/11/2007

Electronic Signature of Signing Officer or Director — Date