


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 26, 2004 8:00 am
Secretary of State

03-26-2004 90031 024 ****61.25

DOCUMENT # 728477

1. Entity Name
EDGEWATER MANOR ASSOCIATION, INC.



Principal Place of Business
**23188 FREEDOM AVENUE
 CHARLOTTE HARBOR, FL 33980**

Mailing Address
**23188 FREEDOM AVENUE
 CHARLOTTE HARBOR, FL 33980**

94036927



2. Principal Place of Business
 Suite, Apt. #, etc.
 City & State
 Zip Country

3. Mailing Address
 Suite, Apt. #, etc.
 City & State
 Zip Country

03172004 Chg-NP CR2E037 (10/03)

4. FEI Number
59-1831066

Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**GERACE, CATHRINE
 23188 FREEDOM AVE
 CHARLOTTE HARBOR, FL 33980**

7. Name and Address of New Registered Agent

Name **GERACE, CATHRINE**

Street Address (P.O. Box Number is Not Acceptable)

City **FL** Zip Code

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is \$61.25 Due by May 1, 2004

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> Delete
NAME	KEYSER, LORRAINE	
STREET ADDRESS	22333 EDGEWATER DR. B2	
CITY-ST-ZIP	CHARLOTTE HARBOR, FL 33980	
TITLE	S	<input checked="" type="checkbox"/> Delete
NAME	BOOTH, CHARLOTTE	
STREET ADDRESS	22333 EDGEWATER DR. E-1	
CITY-ST-ZIP	CHARLOTTE HARBOR, FL 33980	
TITLE	VP	<input type="checkbox"/> Delete
NAME	ALLEN, JOHN	
STREET ADDRESS	22333 EDGEWATER DRIVE C-1	
CITY-ST-ZIP	CHARLOTTE HARBOR, FL 33980	
TITLE	PD	<input type="checkbox"/> Delete
NAME	WALRAED, DONALD	
STREET ADDRESS	22333 EDGEWATER DR. B-1	
CITY-ST-ZIP	CHARLOTTE HARBOR, FL 33980	
TITLE	T	<input checked="" type="checkbox"/> Delete
NAME	NORDELL, JACQUELINE	
STREET ADDRESS	22333 EDGEWATER DR. B-6	
CITY-ST-ZIP	CHARLOTTE HARBOR, FL 33980	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	VP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	22333 EDGEWATER DR B2	
CITY-ST-ZIP		
TITLE	STD	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MILONE, AL	
STREET ADDRESS	22333 EDGEWATER DR B-8	
CITY-ST-ZIP	CHARLOTTE HARBOR, FL 33980	
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify 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 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: AL Milone **3-19-04** **9416256488**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #