

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 04, 2005 8:00 am
Secretary of State

05-04-2005 90101 018 ****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

14016133



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

04272005 Chg-NP CR2E037 (10/03)

City & State

City & State

4. FEI Number
 59-1831066

Applied For
 Not Applicable

Zip

Country

Zip

Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

GERACE, CATHERINE
 23188 FREEDOM AVE
 CHARLOTTE HARBOR, FL 33980

Name

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 _____

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE _____

Filing Fee is \$61.25 Due by May 1, 2005

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE VP Delete
 NAME KEYSER, LORRAINE
 STREET ADDRESS 22333 EDGEWATER DR. B2
 CITY-ST-ZIP CHARLOTTE HARBOR, FL 33980

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE STD Delete
 NAME MILONE, AL
 STREET ADDRESS 22333 EDGEWATER DR., B8
 CITY-ST-ZIP CHARLOTTE HARBOR, FL 33950

TITLE Treasurer Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE D Delete
 NAME ALLEN, JOHN
 STREET ADDRESS 22333 EDGEWATER DRIVE C-1
 CITY-ST-ZIP CHARLOTTE HARBOR, FL 33980

TITLE Director Change Addition
 NAME Robert Lowther
 STREET ADDRESS 22333 Edgewater Dr. C-3
 CITY-ST-ZIP Charlotte Harbor, FL 33980

TITLE PD Delete
 NAME WALRAED, DONALD
 STREET ADDRESS 22333 EDGEWATER DR. B-1
 CITY-ST-ZIP CHARLOTTE HARBOR, FL 33980

TITLE President Change Addition
 NAME Williams, Jean
 STREET ADDRESS 22333 Edgewater Dr. D-5
 CITY-ST-ZIP Charlotte Harbor, FL 33980

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Secretary Change Addition
 NAME Jim Broom
 STREET ADDRESS 22333 Edgewater Dr. B-5
 CITY-ST-ZIP Charlotte Harbor, FL 33980

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change 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)(f), 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:

Jean Williams
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #