
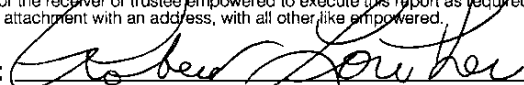


**2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**May 01, 2006 8:00 am**  
**Secretary of State**

05-01-2006 90351 050 \*\*\*\*61.25

<b>DOCUMENT # 728477</b>					
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			
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 59-1831066	
Zip		Country		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		
GERACE, CATHERINE 23188 FREEDOM AVE CHARLOTTE HARBOR, FL 33980			Name		
			Street Address (P.O. Box Number is Not Acceptable)		
			City		
			<b>FL</b>		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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>Filing Fee is \$61.25 Due by May 1, 2006</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>Make check payable to Florida Department of State</b>					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	VP	<input type="checkbox"/> Delete	TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KEYSER, LORRAINE		NAME		
STREET ADDRESS	22333 EDGEWATER DR. B2		STREET ADDRESS		
CITY-ST-ZIP	CHARLOTTE HARBOR, FL 33980		CITY-ST-ZIP		
TITLE	T	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MILONE, AL		NAME		
STREET ADDRESS	223333 EDGEWATER DR., B8		STREET ADDRESS		
CITY-ST-ZIP	CHARLOTTE HARBOR, FL 33950		CITY-ST-ZIP		
TITLE	P	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WILLIAMS, JEAN		NAME		
STREET ADDRESS	22333 EDGEWATER DR D-5		STREET ADDRESS		
CITY-ST-ZIP	PORT CHARLOTTE, FL 33980		CITY-ST-ZIP		
TITLE	S	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BROOM, JIM		NAME		
STREET ADDRESS	22333 EDGEWATER DR B-5		STREET ADDRESS		
CITY-ST-ZIP	CHARLOTTE HARBOR, FL 33980		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	VP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LAWTHER, ROBERT		NAME	Lowther, Robert	
STREET ADDRESS	22333 EDGEWATER DR. C-3		STREET ADDRESS		
CITY-ST-ZIP	CHARLOTTE HARBOR, FL 33980		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.					
<b>SIGNATURE:</b> 			4/26/06		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<small>Date</small>		<small>Daytime Phone #</small>