

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 728477

FILED  
Apr 24, 2008  
Secretary of State

Entity Name: EDGEWATER MANOR ASSOCIATION, INC.

**Current Principal Place of Business:**

23188 FREEDOM AVENUE  
CHARLOTTE HARBOR, FL 33980

**New Principal Place of Business:**

**Current Mailing Address:**

23188 FREEDOM AVENUE  
CHARLOTTE HARBOR, FL 33980

**New Mailing Address:**

FEI Number: 59-1831066

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

GERACE, CATHERINE  
23188 FREEDOM AVE  
CHARLOTTE HARBOR, FL 33980 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: T ( ) Delete  
Name: MILONE, AL  
Address: 22333 EDGEWATER DR., B8  
City-St-Zip: CHARLOTTE HARBOR, FL 33950

Title: P ( ) Delete  
Name: WILLIAMS, JEAN  
Address: 22333 EDGEWATER DR D-5  
City-St-Zip: PORT CHARLOTTE, FL 33980

Title: D ( ) Delete  
Name: BROOM, JIM  
Address: 22333 EDGEWATER DR B-5  
City-St-Zip: CHARLOTTE HARBOR, FL 33980

Title: VP ( ) Delete  
Name: LOWLHER, ROBERT  
Address: 22333 EDGEWATER DR. C-3  
City-St-Zip: CHARLOTTE HARBOR, FL 33980

Title: S ( ) Delete  
Name: BUKOVITZ, CATHERINE  
Address: 2833 EDGEWATER DR E-1  
City-St-Zip: PORT CHARLOTTE, FL 33980

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: P (X) Change ( ) Addition  
Name: LOWTHER, ROBERT E  
Address: 22333 EDGEWATER DR., C3  
City-St-Zip: CHARLOTTE HARBOR, FL 33980

Title: T (X) Change ( ) Addition  
Name: MILONE, AL  
Address: 33 DALE ST.  
City-St-Zip: EAST HAVEN, CT 06513

Title: VP (X) Change ( ) Addition  
Name: BROOM, JIM  
Address: 22333 EDGEWATER DR B-5  
City-St-Zip: CHARLOTTE HARBOR, FL 33980

Title: D (X) Change ( ) Addition  
Name: CUMLER, BILL  
Address: 3038 38TH ST.N.W.  
City-St-Zip: CANTON, OH 44718 29

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

I hereby certify that the information supplied with this filing does not qualify 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: ROBERT E. LOWTHER

P

04/24/2008

Electronic Signature of Signing Officer or Director

Date