

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 728745

FILED
Mar 05, 2008
Secretary of State

Entity Name: EDGEWATER ARMS FOURTH, 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: 59-1808712

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: VPD () Delete
Name: TSOLIS, RON
Address: 634 EDGEWATER DRIVE #842
City-St-Zip: DUNEDIN, FL 34698

Title: PD () Delete
Name: MCCANN, ALINE
Address: 634 EDGEWATER DRIVE #246
City-St-Zip: DUNEDIN, FL 34698

Title: TD () Delete
Name: BRISTON, BOB
Address: 634 EDGEWATER DR #347
City-St-Zip: DUNEDIN, FL 34698

Title: D () Delete
Name: ALLEN, BILL
Address: 634 EDGEWATER DRIVE #747
City-St-Zip: DUNEDIN, FL 34698

Title: SD () Delete
Name: ROGERS, KATIE
Address: 634 EDGEWATER DRIVE # 441
City-St-Zip: DUNEDIN, FL 34698

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: VPD (X) Change () Addition
Name: PETTICORD, MARY
Address: 634 EDGEWATER DRIVE #343
City-St-Zip: DUNEDIN, FL 34698

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

Title: TD (X) Change () Addition
Name: GENERALLI, DON
Address: 634 EDGEWATER DR #543
City-St-Zip: DUNEDIN, FL 34698

Title: D (X) Change () Addition
Name: TSOLIS, RON
Address: 634 EDGEWATER DRIVE #842
City-St-Zip: DUNEDIN, FL 34698

Title: SD (X) Change () Addition
Name: ALLEN, BILL
Address: 634 EDGEWATER DRIVE # 747
City-St-Zip: DUNEDIN, FL 34698

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: ALINE MCCANN

PRES

03/05/2008

Electronic Signature of Signing Officer or Director

Date