2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR) **DOCUMENT # 730037** 1. Entity Name

FILED Feb 10, 2004 8:00 am Secretary of State

EDGEWA	TER VILLAGE CONDOMINIU	M ASSOCIATION,			02-10-200	4 90007 015 **	***61.25	5
Principal Place of Business		Mailing Address						
22375 EDGEWATER DR. PUNTA GORDA FL 33980		22375 EDGEWATER DR. UNIT 260 PUNTA GORDA FL 33980				8 sijis seel birsk rigil blekk e		IBI BI IBBI
2. Principal Place of Business		3. Mailing Address					eggij kiloj Posta	
Suite, Apt. #, etc.		Suite, Apt. #, etc.			MOORE CR2E037 (11/03)			
City & State		City & State		4.	FEI Number 59-1683	333	 	plied For t Applicable
Zip	Country	Zip	Country	5.	Certificate of Status Desire		.75 Addi Required	
	6. Name and Address of Current F	Registered Agent		7.	Name and Address of Ne	w Registered Age	nt	
			Name					
MR. DAVID HOLMES 115 WEST OLYMPIA AVE PO BOX DRAWER 1447		· ·	Street A	ddress (P.O.	Box Number is Not Accept	table)		
	ITA GORDA FL 33951							
			City			FL	Zip Code	'
	named entity submits this statement for ions of registered agent.	the purpose of changing its re-	gistered office or	registered a	agent, or both, in the State of	of Florida. I am fam	iliar with, a	and accept
SIGNATURE -	Signature, typed or printed name of registered agent a	nd title if applicable. (NOTE: R	egistered Agent signali	ire required when	n reinstating)	DATE		
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- 1 - 1 1	FILE NOW: FEE IS \$61.25 Due By May 1, 2004	9. Election Camp. Trust Fund Cor			i.00 May Be ded to Fees Fi	Make Check P orida Departmo		
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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.

SHARON ROGERS Shown Rogers Free 2-4-04 941-625-9404
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Date

Dayling Phone # SIGNATURE: _