


# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

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

02-10-2004 90007 015 \*\*\*\*61.25

<b>DOCUMENT # 730037</b>				
1. Entity Name <b>EDGEWATER VILLAGE CONDOMINIUM ASSOCIATION, INC.</b>				
Principal Place of Business <b>22375 EDGEWATER DR. PUNTA GORDA FL 33980</b>		Mailing Address <b>22375 EDGEWATER DR. UNIT 260 PUNTA GORDA FL 33980</b>		
2. Principal Place of Business		3. Mailing Address		
Suite, Apt. #, etc.		Suite, Apt. #, etc.		
City & State		City & State		
Zip	Country	Zip	Country	
6. Name and Address of Current Registered Agent <b>MR. DAVID HOLMES 115 WEST OLYMPIA AVE PO BOX DRAWER 1447 PUNTA GORDA FL 33951</b>		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code		



MOORE CR2E037 (11/03)

4. FEI Number **59-1683333** Applied For  
Not Applicable

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

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**FILE NOW: FEE IS \$61.25  
Due By May 1, 2004**

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 NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>FRANCO, LOU</b> <b>114 DELMAR DR.</b> <b>ONTARIO CANADA l9c- l19</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>CHEPURNY, ALEX</b> <b>P.O. BOX 311 HOLLAND LANDING</b> <b>ONTARIO CA</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>S</b> <b>LOMBARDO, FLORENCE</b> <input checked="" type="checkbox"/> Delete <b>215 MONTMORENCY DR</b> <b>HAMILTON ONTARIO CA l8-k5h3</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <b>DEAD SECRETARY</b> <b>ERNIE NESBITT</b> <b>215 MONTMORENCY DR</b> <b>HAMILTON ONTARIO L8K5H5 CANADA</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>RUSHFORD, WILLIAM</b> <input type="checkbox"/> Delete <b>34408 W. 9 MILE</b> <b>FARMINGTON HILLS MI 48335</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>T</b> <b>ROGERS, SHARON</b> <input type="checkbox"/> Delete <b>52650 ASHLEY</b> <b>NEW BALTIMORE MI 48047</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>MERLO, MARILYN</b> <input checked="" type="checkbox"/> Delete <b>270 HIXON ROAD</b> <b>HAMILTON, ONTARIO CA l8-k2c5</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <b>DIRECTOR</b> <b>ADAIR JENKINS</b> <b>238 LLOYMINN AVE</b> <b>ANCASTER, ON L9G l3l CANADA</b>

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.

**SIGNATURE:** SHARON ROGERS Sharon Rogers Sec 2-4-04 941-625-9404  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #