

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 14, 2005 8:00 am
Secretary of State

02-14-2005 90056 014 ****61.25

DOCUMENT # 730037

1. Entity Name
EDGEWATER VILLAGE CONDOMINIUM ASSOCIATION,
INC.



Principal Place of Business
22375 EDGEWATER DR.
PUNTA GORDA, FL 33980

Mailing Address
22375 EDGEWATER DR.
UNIT 260
PUNTA GORDA, FL 33980

40018223



01222005 No Chg-NP

CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-1683333

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

MR. DAVID HOLMES
115 WEST OLYMPIA AVE
PO BOX DRAWER 1447
PUNTA GORDA, FL 33951

**DO NOT WRITE
IN THIS SPACE**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2005**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	D - TREASURER
NAME	FRANCO, LOU
STREET ADDRESS	114 DELMAR DR.
CITY-ST-ZIP	ONTARIO CANADA, 19c ij9
TITLE	D
NAME	CHEPURNY, ALEX
STREET ADDRESS	P.O. BOX 311 HOLLAND LANDING
CITY-ST-ZIP	ONTARIO, CA
TITLE	S - PRESIDENT
NAME	NESBITT, ERNIE
STREET ADDRESS	215 MONTMORENCY DR
CITY-ST-ZIP	CANADA, L8K5
TITLE	D
NAME	RUSHFORD, WILLIAM
STREET ADDRESS	34408 W. 9 MILE
CITY-ST-ZIP	FARMINGTON HILLS, MI 48335
TITLE	T
NAME	ROGERS, SHARON
STREET ADDRESS	52650 ASHLEY
CITY-ST-ZIP	NEW BALTIMORE, MI 48047
TITLE	D
NAME	JENKINS, ADAIR
STREET ADDRESS	238 LLOYMIN AVE
CITY-ST-ZIP	ANCASTER, ON 19g iji

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IN THIS SPACE**

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

[Signature]
Date

841-7430062
Daytime Phone #