2006 NOT-FOR-PROFIT CORPORATION

FILED Feb 08, 2006 8:00 am Secretary of State

02-08-2006 90008 026 ****61 25

ANNUAL REPORT	
DOCUMENT # 730037	

Entity Name EDGEWATER VILLAGE CONDOMINIUM ASSOCIATION, INC.								'	02-08-200	6 90008	026 ****	61.25
Principal Place of Business 22375 EDGEWATER DR. PUNTA GORDA, FL 33980 Mailing Address 22375 EDGEWATER DR. UNIT 260 PUNTA GORDA, FL 33980						11		TI Falii aaifa (iiti	1901 BION BION	01071 01071 112 71	Afaman al Har	
Principal Place of Business 3. N			3. Mailing Address									
Suite, Apt. #, etc.			Suite, Apt. #, etc.				0114	2006 (Chg-NP	CR2E	E037 (11/05	5)
City & State			City & State					Number 9-16833	33			Applied For Not Applicable
Zip		Country	Zip	Cou	untry	5. Certificate of Status Desired				1 🗆	\$8.75 A Fee Requ	
	6. Name	and Address of Current Re	egistered Agent		Nome		7. Na	me and Ad	idress of Nev	v Registere	d Agent	
MR. DAVI	D HOLME	S			Name							
115 WEST PO BOX D	COLYMPI/	A AVE			Street A	ddress (P	O. Box	Number is	s Not Accepta	ible)		
PUNTA G	ORDA, FL	33951										
					City					-	L Zip C	
8. The above the obliga	e named entit tions of regist	y submits this statement for t tered agent.	the purpose of changing its	registere	ed office or	r registere	ed agen	t, or both, i	in the State of	Florida. I a	m familiar wi	th, and accept
SIGNATURE												<u>.</u>
	Signature broad		of title if constanting (SMOTE	C. O								
		l or printed name of registered agent and	to the it applicable. (NOT)	C: Hegistere	d Agent signati.	nue lednited A	when reinst	ating)		DATE		
	Filing Fe	ne is \$61.25 May 1, 2006	9. Election Can Trust Fund C	npaign F	inancing			May Be	FI	Make che	ck payable artment of	
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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

tel 2/06 941-743.0818