

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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

02-08-2006 90008 026 ****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		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	01142006 Chg-NP CR2E037 (11/05)	
4. FEI Number 59-1683333				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
MR. DAVID HOLMES 115 WEST OLYMPIA AVE PO BOX DRAWER 1447 PUNTA GORDA, FL 33951			Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>		
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$61.25 Due by May 1, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$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	T	<input checked="" type="checkbox"/> Delete	TITLE	TREASURER <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	FRANCO, LOU		NAME	RUTH HURBANIS	
STREET ADDRESS	114 DELMAR DR.		STREET ADDRESS	171 CASCADE DR	
CITY-ST-ZIP	ONTARIO CANADA, I9c ij9		CITY-ST-ZIP	INDIAN HEAD PARK ILL 60525	
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE	DIRECTOR <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	CHEPURNY, ALEX		NAME	ROB COTTRELL	
STREET ADDRESS	P.O. BOX 311 HOLLAND LANDING		STREET ADDRESS	2360 IRWIN RD	
CITY-ST-ZIP	ONTARIO, CA		CITY-ST-ZIP	ARMADA, MICH 48005	
TITLE	P	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	NESBITT, ERNIE		NAME		
STREET ADDRESS	215 MONTMORENCY DR		STREET ADDRESS		
CITY-ST-ZIP	CANADA, L8K5		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	RUSHFORD, WILLIAM		NAME		
STREET ADDRESS	34408 W. 9 MILE		STREET ADDRESS		
CITY-ST-ZIP	FARMINGTON HILLS, MI 48335		CITY-ST-ZIP		
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE	DIRECTOR <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	FRANCIONT, FRAN		NAME	JOSEPH ROGERS	
STREET ADDRESS	22375 EDGEWATER DRIVE #135		STREET ADDRESS	7765 FARNSWORTH DR	
CITY-ST-ZIP	PUNTA GORDA, FL 33980		CITY-ST-ZIP	CLAY TOWNSHIP MICH 48001	
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	JENKINS, ADAIR		NAME		
STREET ADDRESS	238 LLOYMIN AVE		STREET ADDRESS		
CITY-ST-ZIP	ANCASTER, ON I9g iji		CITY-ST-ZIP		
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:			Feb 2/06 941-743-0818		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<small>Date Daytime Phone #</small>		