


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 20, 2007 8:00 am
Secretary of State

08-20-2007 90056 048 ****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
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2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country



07132007 Chg-NP CR2E037 (12/06)

4. FEI Number 59-1683333	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$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	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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 September 14, 2007	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
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T HURBANIS, RUTH - TREASURER <input type="checkbox"/> Delete 171 CASCADE DR INDIAN HEAD PARK, FL 60525	TITLE NAME STREET ADDRESS CITY-ST-ZIP	RICK MUIRHEAD PRESIDENT <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 1203-20 NORTH SHORE BLVD. WEST BURLINGTON, ONT L7T 1A1, CANADA
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D COTTRELL, ROB <input checked="" type="checkbox"/> Delete 23600 IRWIN RD ARMADA, MI 48005	TITLE NAME STREET ADDRESS CITY-ST-ZIP	BILL RUSHTON - VICE PRESIDENT <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 34408 W. 9 mile FARMINGTON HILLS, MI. 48335
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P NESBITT, ERNIE - PAST PRESIDENT 215 MONTMORENCY DR CANADA, L8K5 Do Not Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	KEITH LOGAN - DIRECTOR <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition P.O. Box 8768 MICHIGAN CITY, IN. 46361
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ROGERS, JOSEPH 7765 FARNSWORTH DR CLAY TOWNSHIP, MI 48001 Do Not Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FRANCIONT, FRAN <input checked="" type="checkbox"/> Delete 22375 EDGEWATER DRIVE #135 PUNTA GORDA, FL 33980	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D JENKINS, ADAIR <input checked="" type="checkbox"/> Delete 238 LLOYMIN AVE ANCASTER, ON L9g 1ji	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:

Lucy R. Hurbanis - Treasurer August 12, 2007 708-246-1229

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #