2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT#753650

Address:

City-St-Zip:

6119 FALCON DR

ENGLEWOOD, FL 34224

Entity Name: EDGEWATER CLUB, INC.

FILED Mar 10, 2009 Secretary of State

Current Principal Place of Business:				New Principal Place of Business:		
	WING LANE DOD, FL 3422	4				
Current Mailing Address:				New Mailing Address:		
	WING LANE DOD, FL 3422	4				
FEI Number:	59-2193013	FEI Number Applied For ()	FEI Nun	nber Not Appl	icable () Certificate of Status Desired ()	
Name and Address of Current Registered Agent:				Name and	Address of New Registered Agent:	
	ADYS AGER LANE DOD, FL 3422	4 US				
	named entity s e of Florida.	submits this statement for the pu	ırpose o	f changing i	ts registered office or registered agent, or both,	
SIGNATUR	RE:					
	Electron	ic Signature of Registered Ager	nt		Date	
OFFICERS	S AND DIREC	TORS:		ADDITION	IS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	P () HELSON, WAYI 1336 SANDERL ENGLEWOOD,	ING DR		Title: Name: Address: City-St-Zip:	P (X) Change () Addition DOBNEY, CHARLOTTE 6119 FALCON DRIVE ENGLEWOOD, FL 34224	
Title: Name: Address: City-St-Zip:	VP () DEMETRIOU, M 6267 PARTRIDO ENGLEWOOD,	GE AVE		Title: Name: Address: City-St-Zip:	VP (X) Change () Addition RIDDLE, BARBARA 2800 KISKADEE DRIVE ENGLEWOOD, FL 34224	
Title: Name: Address: City-St-Zip:	S () TAYLOR, BARB 1412 BLUE HER ENGLEWOOD,	RON DR		Title: Name: Address: City-St-Zip:	()Change ()Addition	
Title: Name: Address: City-St-Zip:	T () MATE, GLADYS 2734 TANAGER ENGLEWOOD,	LANE		Title: Name: Address: City-St-Zip:	()Change ()Addition	
Title: Name: Address: City-St-Zip:	D () BROWN, ORVII 6221 PARTRIDO ENGLEWOOD,	GE AVE		Title: Name: Address: City-St-Zip:	()Change ()Addition	
Title: Name:	D () DOBNEY, CHAF	Delete RLOTTE		Title: Name:	D (X) Change () Addition BURNEY, DAVE	

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

Address:

City-St-Zip:

2700 TANAGER LANE

ENGLEWOOD, FL 34224

SIGNATURE: GLADYS MATE T 03/10/2009