

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 29, 2005 8:00 am
Secretary of State

04-29-2005 90200 012 ****61.25

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DOCUMENT # 757953 1. Entity Name CONDOMINIUM ASSOCIATION OF EDGEWATER, INC.			
Principal Place of Business 4226 DEL PRADO BLVD CAPE CORAL, FL 33904 US		Mailing Address 4226 DEL PRADO BLVD CAPE CORAL, FL 33904 US	
2. Principal Place of Business <i>100 American Condo Mgmt</i> Suite, Apt. #, etc. 909 SE 47th Trct # 105 City & State CAPE CORAL, FL Zip 33904 Country USA		3. Mailing Address <i>100 American Condo Mgmt</i> Suite, Apt. #, etc. PO Box 100399 City & State CAPE CORAL, FL Zip 33910 Country USA	
4. FEI Number 59-2168512		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 PIERCE, ILAMARIE 4226 DEL PRADO BLVD CAPE CORAL, FL 33904		7. Name and Address of New Registered Agent Name <i>SUSAN KASE</i> Street Address (P.O. Box Number is Not Acceptable) <i>100 American Condo Mgmt</i> 909 SE 47th Trct # 105 City <i>CAPE CORAL</i> FL Zip Code <i>33904</i>	
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 <i>Susan Kase</i> <small>Signature, typed or printed name of registered agent and state if applicable</small>		DATE <i>4/23/05</i> <small>(NOTE: Registered Agent signature required when reinstating)</small>	
Filing Fee is \$61.25 Due by May 1, 2005		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 NAME STREET ADDRESS CITY - ST - ZIP	SD POTTER, ANGELINE 808 SW CAPE CORAL PKWY CAPE CORAL, FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<i>SD Angelina Potter</i> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VD VALENTINE, ROBERT 808 SW CAPE CORAL PKY 105 CAPE CORAL, FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<i>PD Robert Valentine</i> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<i>VD JAYNE MARLE</i> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 808 SW CAPE CORAL PKWY CAPE CORAL, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: <i>Robert P. Valentine</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		Date <i>4-25-05</i> Daytime Phone #	