

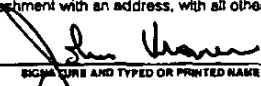


FILED
May 19, 2005 8:00 am
Secretary of State

**2005 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

47

04-20-2005 90341 021 ****61.25

DOCUMENT # 758246			
1. Entity Name EDGEWATER TOWNHOMES HOMEOWNERS' ASSOCIATION, INC.			
Principal Place of Business C/O PETER N. BONITATIBUS CPA 1515 N. FEDERAL WAY, #222 BOCA RATON, FL 33432 US	Mailing Address C/O PETER N. BONITATIBUS CPA 1300 N FEDERAL HWY SUITE 202 BOCA RATON, FL 33432 US	66017860 	
DO NOT WRITE IN THIS SPACE			
		01052005 No Chg-NP CR2E037 (10/03)	
		4. FEI Number 59-2621491	Applied For <input type="checkbox"/> Not Applicable
		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
8. Name and Address of Current Registered Agent FALCONE, JOHN 3008 B S OCEAN BLVD HIGHLAND BEACH, FL 33487			DO NOT WRITE IN THIS SPACE
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____			
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	
10. OFFICERS AND DIRECTORS		DO NOT WRITE IN THIS SPACE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP KROMER, JOHN 3004-C SOUTH OCEAN BLVD. HIGHLAND BEACH, FL		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVP KROMER, JOHN 3004-C S OCEAN BLVD HIGHLAND BEACH, FL 33487		
TITLE NAME STREET ADDRESS CITY-ST-ZIP			
TITLE NAME STREET ADDRESS CITY-ST-ZIP			
TITLE NAME STREET ADDRESS CITY-ST-ZIP			
TITLE NAME STREET ADDRESS CITY-ST-ZIP			
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:  John Kromer		Date 5/16/05 Daytime Phone # 561-391-1411	