

**2008 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 07, 2008 8:00 am
Secretary of State

03-07-2008 90032 041 ****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

40040434



01042008 No Chg-NP CR2E037 (4/06)

4. FEI Number
59-2621491

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

BONITATIBUS, PETER N
1300 N FEDERAL HWY. #202
BOCA RATON, FL 33432

**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 _____

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 May 1, 2008**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
DP
BECCARIS, JACK
3012-B S. OCEAN BLVD.
BOCA RATON, FL 33487

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
DV
MERIGGI, JOHN
3008-C S. OCEAN BLVD.
HIGHLAND BEACH, FL 33487

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
DS
SCAVONE, LISA
3004-B 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

**DO NOT WRITE
IN THIS SPACE**

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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JACK BECCARIS

2-20-08

Date

Daytime Phone #