## 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

## **DOCUMENT #762481**

1. Entity Name

EDGÉMAR CONDOMINIUM ASSOCIATION, INC.



FILED Apr 09, 2008 08:00 All Secretary of State

Principal Place of Business

4517 EL MAR DR.

LAUDERDALE BY THE SEA, FL 33308

Mailing Address

4517 EL MAR DRIVE

**APT #6** 

LAUDERDALE-BY-THE-SEA, FL 33308 US



03272008 No Chg-NP

CR2E037 (4/08)

4. FEI Number 59-2213334

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

DENDY, VERA 4517 EL MAR DRIVE APT #6

LAUDERDALE BY THE SEA, FL 33308

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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   |  |  |                               | DATE   |
|   | Filing Feo is \$61.25<br>Due by May 1, 2008                                    | Election Campaign Finance     Trust Fund Contribution. | ☐ Added to Fees               |  |
| 10.   | ் தா OFFICERS AND DIRE   | CTORS  | 7                             | And the second s |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP   | VO<br>BABIN, LINDA<br>4517 EL MAR DRIVE , APT 9<br>LAUD BY THE SEA, FL 33308   |  |                               | U00000789431<br>04/22/08-80054-006 70.00   |
| TIPLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | TD JACKSON, ESTHER 4517 EL MAR DR APT 7 LAUDERDALE BY THE SEA, FL 33308        |  |                               |  |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP   | PD DENDY, VERA 3032 E COMMERCIAL BLVD #6 FORT LAUDERDALE, FL 33308             |  | DO NOT WRITE<br>IN THIS SPACE |  |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP   | SD<br>WUERZ, AMANDA<br>4517 EL MAR DR APT 1<br>LAUDERDALE BY THE SEA, FL 33308 |  |                               |  |
| TTILE NAME STREET ADDRESS CITY-ST-ZIP   |  |  |                               |  |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP   |  |  | ,                             |  |
| 12. I hereby certify that the information supplied with this filling 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 it 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. |  |  |                               |  |