2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT#765096

FILED Jan 13, 2005 Secretary of State

Entity Name: EDGEWATER POINTE MAINTENANCE ASSOCIATION, INC.

Current F	Principal Place	of Business:	New Prince	ipal Place of Business:
	ERDE TRAIL TON, FL 3343	3 US		
Current N	/lailing Addres	s:	New Maili	ng Address:
	ERDE TRAIL TON, FL 3343:	3 US		
FEI Number	r: 23-1900132	FEI Number Applied For()	FEI Number Not App	icable () Certificate of Status Desired ()
Name and	d Address of C	urrent Registered Agent:	Name and	Address of New Registered Agent:
BOCA RA	C. 18TH STREET, TON, FL 33433	3 US	e purpose of changing i	ts registered office or registered agent, or both,
	e of Florida.			
SIGNATU	RE:			
	Electron	ic Signature of Registered A	gent	Date
OFFICER	Electron S AND DIREC	-	_	Date IS/CHANGES TO OFFICERS AND DIRECTORS
Title: Name: Address:	S AND DIREC	TORS: Delete N D	_	
OFFICER Title: Name: Address: City-St-Zip: Title: Name: Address: City-St-Zip:	S AND DIRECT CD () HEAPS, MARVII 301 ELM AVENI SWARTHMORE	Delete N D UE E, PA 19081 Delete RVIN, OAD	ADDITION Title: Name: Address:	IS/CHANGES TO OFFICERS AND DIRECTORS
Title: Name: Address: City-St-Zip: Title: Name: Address:	CD () HEAPS, MARVII 301 ELM AVENI SWARTHMORE DPCO () MASHNER, MAI 375 MORRIS RI WEST POINT, F	Delete N D UE E, PA 19081 Delete RVIN, OAD PA Delete DRGE R. OAD	ADDITION Title: Name: Address: City-St-Zip: Title: Name: Address:	DPCO (X) Change () Addition DPCO (X) Change () Addition MASHNER, MARVIN 375 MORRIS ROAD
Title: Name: Address: City-St-Zip: Title: Name: Address: City-St-Zip: Title: Name: Address: Address: Address:	CD () HEAPS, MARVII 301 ELM AVENI SWARTHMORE DPCO () MASHNER, MAI 375 MORRIS R: WEST POINT, F DVCE (X) GUNN JR., GEC 375 MORRIS R: WEST POINTE,	Delete N D UE E, PA 19081 Delete RVIN, OAD PA Delete DRGE R. OAD PA Delete DOAD Delete	ADDITION Title: Name: Address: City-St-Zip: Title: Name: Address: City-St-Zip: Title: Name: Address: Address:	DPCO (X) Change () Addition DPCO (X) Change () Addition MASHNER, MARVIN 375 MORRIS ROAD WEST POINT, PA 19486

I hereby certify that the information supplied with this filing does not qualify for the 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 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.

SIGNATURE: MARVIN MASHNER DPCO 01/13/2005