

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 768949

FILED
Mar 27, 2007
Secretary of State

Entity Name: PARK PLAZA OF EDGEWATER HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business:

132 W PARK AVE
UNIT # 4
EDGEWATER, FL 32132 US

New Principal Place of Business:

132 W PARK AVE
UNIT # 3
EDGEWATER, FL 32132 US

Current Mailing Address:

132 W PARK AVE
UNIT # 4
EDGEWATER, FL 32132 US

New Mailing Address:

132 W PARK AVE
UNIT # 3
EDGEWATER, FL 32132 US

FEI Number: 59-2549861

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WIGGINS, WAYNE
132 W PARK AVE
UNIT # 4
EDGEWATER, FL 32132 US

Name and Address of New Registered Agent:

KLINGELE, LYNN
132 W PARK AVE
UNIT # 3
EDGEWATER, FL 32132 US

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.

SIGNATURE: LYNN KLINGELE

03/27/2007

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: DP () Delete
Name: WIGGINS, WAYNE
Address: 132 W PARK AVE #11,12,13,14
City-St-Zip: EDGEWATER, FL 32132

Title: DVP () Delete
Name: SCHRAMM, GEORGE P
Address: 132 W. PARK AVE #11,12,13,14
City-St-Zip: EDGEWATER, FL 32132

Title: DS () Delete
Name: LOGAN, JIM
Address: 132 W. PARK #4
City-St-Zip: EDGEWATER, FL 32132

Title: DT () Delete
Name: BALMER, CHRISTOPHER L
Address: 132 W. PARK AVE # 8 & 9
City-St-Zip: EDGEWATER, FL 32132

Title: D () Delete
Name: STONCIPHER, RICHARD
Address: 132 W PARK AVE #1 & 2
City-St-Zip: EDGEWATER, FL 32132 US

Title: D () Delete
Name: KLINGELE, MARTHA
Address: 132 W PARK AVE #3
City-St-Zip: EDGEWATER, FL 32132 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DP (X) Change () Addition
Name: KLINGELE, LYNN
Address: 132 W PARK AVE #3
City-St-Zip: EDGEWATER, FL 32132

Title: DVP (X) Change () Addition
Name: MANUEL, CACDAC
Address: 132 W. PARK AVE #6 & 7
City-St-Zip: EDGEWATER, FL 32132

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: DT (X) Change () Addition
Name: BALMER, CHRISTOPHER L
Address: POST OFFICE BOX 915
City-St-Zip: EDGEWATER, FL 32132

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 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: CHRISTOPHER L. BALMER

DT

03/27/2007

Electronic Signature of Signing Officer or Director

Date