


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

FILED
Mar 17, 2008 08:00 A
Secretary of State

DOCUMENT # 769656 1. Entity Name EDGEWATER OAKS CONDOMINIUM ASSOCIATION, INC.	
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Principal Place of Business % CAROL RIGGS 720 EDGEWATER DRIVE ORLANDO, FL 32804	Mailing Address % CAROL RIGGS 720 EDGEWATER DRIVE ORLANDO, FL 32804
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DO NOT WRITE IN THIS SPACE



03112008 No Chg-NP CR2E037 (4/06)

4. FEI Number 59-2412011	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent RIGGS, CAROL 720 EDGEWATER DRIVE ORLANDO, FL 32804

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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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small>	DATE _____
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Filing Fee is \$61.25 Due by May 1, 2008	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD RIGGS, CAROL A. 720 EDGEWATER DRIVE ORLANDO, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD MURRAY, MARSHALL 714 EDGEWATER DR ORLANDO, FL 32804
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD RIGGS, CAROL 720 EDGEWATER DRIVE ORLANDO, FL 32804
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

<p>U00000861191 04/02/08-80093-006 61.25</p> <p>DO NOT WRITE IN THIS SPACE</p>

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: <u>Carol A. Riggs</u> Carol A. Riggs <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	<u>3/13/08</u> 407 905-7737 x2 <small>Date Daytime Phone #</small>
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