

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

**FILED  
Apr 23, 2008  
Secretary of State**

DOCUMENT# N00000001978

**Entity Name:** EDGEMONT OFFICE PARK CONDOMINIUM ASSOCIATION, INC.

**Current Principal Place of Business:**

1250 TAMIAMI TRAIL NORTH  
101  
NAPLES, FL 34102

**New Principal Place of Business:**

**Current Mailing Address:**

745 12TH AVE. S.  
AA  
NAPLES, FL 34102

**New Mailing Address:**

**FEI Number:** 59-3635878      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

MOORE PROPERTY MANAGEMENT, LLC  
745 12TH AVE. S  
AA  
NAPLES, FL 34102 US

**Name and Address of New Registered Agent:**

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:

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: P ( ) Delete  
Name: ZELMAN, TED  
Address: 5633 NAPLES BLVD  
City-St-Zip: NAPLES, FL 34109

Title: T ( ) Delete  
Name: SAMBLANET, DENNIS  
Address: 5687 NAPLES BLVD  
City-St-Zip: NAPLES, FL 34109

Title: S ( ) Delete  
Name: NORCOMBE, TRUDY  
Address: 5603 NAPLES BLVD  
City-St-Zip: NAPLES, FL 34109

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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

Title: T (X) Change ( ) Addition  
Name: HILL, RAY  
Address: 5687 NAPLES BLVD  
City-St-Zip: NAPLES, FL 34109

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

I hereby certify that the information supplied with this filing does not qualify 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: TED ZELMAN

P

04/23/2008

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date