

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000000419

FILED
Apr 29, 2009
Secretary of State

Entity Name: EDINBURGH CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

STERLING MANAGEMENT
1904 CLUBHOUSE DR
SUN CITY CENTER, FL 33573

New Principal Place of Business:

Current Mailing Address:

STERLING MANAGEMENT
1904 CLUBHOUSE DR
SUN CITY CENTER, FL 33573

New Mailing Address:

FEI Number: 42-1537184 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LAW OFFICES OF JAMES R DE FURIO P A
201 E KENNEDY BLVD
TAMPA, FL 33602 US

Name and Address of New Registered Agent:

WETHERINGTON, HAMILTON, HARRISON & FAIR PA
1010 N. FLORIDA AVE.
TAMPA, FL 33602 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: RONALD COTTERILL

04/29/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: SMAIL, GLORIA
Address: 1934 ACADIA GREENS DR.
City-St-Zip: SUN CITY CENTER, FL 33573

Title: VPD () Delete
Name: TAYLOR, JACK
Address: 1909 ACADIA GREENS DR
City-St-Zip: SUN CITY CENTER, FL 33573

Title: TD () Delete
Name: BEDELL, ROBERT
Address: 1932 ACADIA GREENS DR
City-St-Zip: SUN CITY CENTER, FL 33573

Title: SD () Delete
Name: EDWARDS, SANDY
Address: 1908 ACADIA GREENS DR
City-St-Zip: SUN CITY CENTER, FL 33573

Title: D () Delete
Name: HOLCOMBE, MIKE
Address: 1939 ACADIA GREENS DR
City-St-Zip: SUN CITY CENTER, FL 33573

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: TD (X) Change () Addition
Name: SMAIL, GLORIA
Address: 1934 ACADIA GREENS DR.
City-St-Zip: SUN CITY CENTER, FL 33573

Title: PD (X) Change () Addition
Name: MEAD, LYNN
Address: 1912 ACADIA GREENS DR
City-St-Zip: SUN CITY CENTER, FL 33573

Title: VPD (X) Change () Addition
Name: MASSEY, WINI
Address: 1919 ACADIA GREENS DR
City-St-Zip: SUN CITY CENTER, FL 33573

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 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: BRIAN L. MAY

MGR

04/29/2009

Electronic Signature of Signing Officer or Director

Date