

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 28, 2008 8:00 am
Secretary of State

05-28-2008 90016 018 ****61.25

DOCUMENT # N02000006527 1. Entity Name EDGEWATER AT GRAND OAKS HOMEOWNERS ASSOCIATION, INC.			
Principal Place of Business 2180 W SR 434 SUITE 5000 LONGWOOD, FL 32779-5044		Mailing Address 2180 W SR 434 SUITE 5000 LONGWOOD, FL 32779-5044	
2. Principal Place of Business - No P.O. Box # 2870 Scherer Dr. Suite, Apt. #, etc. Suite 100 City & State St. Petersburg, FL Zip 33716		3. Mailing Address 2870 Scherer Drive Suite, Apt. #, etc. Suite 100 City & State St. Petersburg, FL Zip 33716	
4. FEI Number 36-4505464		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
Name Street Address (P.O. Box Number is Not Acceptable) Suite City State Zip		Name James DeFurio, P.A. Street Address (P.O. Box Number is Not Acceptable) 201 E. Kennedy Blvd. Suite Suite 775 City Tampa State FL Zip 33602	
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 Signature, typed or printed name of registered agent and title if applicable.		DATE 4-25-08 (NOTE: Registered Agent signature required when reinstating)	
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		Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD ELLSTROM, ELIZABETH 4216 WINDING RIVER WAY LAND O'LAKES, FL 34639	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRESIDENT KELLY FLYNN 4209 WINDING RIVER WAY LAND O'LAKES, FL 34639
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD LORD, DANIEL 4217 WINDING RIVER WAY LAND O'LAKES, FL 34639	TITLE NAME STREET ADDRESS CITY-ST-ZIP	SEC STEVE FENTER 4549 WINDING RIVER WAY LAND O'LAKES, FL 34639
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CD GARCES, BARBARA 4343 SILVER FALLS DR LAND O'LAKES, FL 34639	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change <input type="checkbox"/> Addition <input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD BERRIOS, JOHN 4330 SILVER FALLS DR LAND O'LAKES, FL 34639	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change <input type="checkbox"/> Addition <input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FLYNN, KELLY 4209 WINDING RIVER WAY LAND O' LAKES, FL 34639	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change <input type="checkbox"/> Addition <input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Delete <input checked="" type="checkbox"/>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change <input type="checkbox"/> Addition <input type="checkbox"/>
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: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		DATE 4-23-08 Daytime Phone #	

40105783



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