

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000006527

FILED
Mar 20, 2009
Secretary of State

Entity Name: EDGEWATER AT GRAND OAKS HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business:

2870 SCHERER DR.
SUITE 100
ST. PETERSBURG, FL 33716

New Principal Place of Business:

Current Mailing Address:

2870 SCHERER DR.
SUITE 100
ST. PETERSBURG, FL 33716

New Mailing Address:

FEI Number: 36-4505464

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

JAMES DE FURIO, P.A.
201 E. KENNEDY BLVD
SUITE 775
TAMPA, FL 33602 US

Name and Address of New Registered Agent:

TREADWAY FENTON
1111 AVENDIA DEL CIRCO
SUITE B
VENICE, FL 34285 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: KELLY FLYNN

03/20/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: FLYNN, KELLY
Address: 4209 WINDING RIVER WAY
City-St-Zip: LAND O'LAKES, FL 34639

Title: VPD () Delete
Name: LORD, DANIEL
Address: 4217 WINDING RIVER WAY
City-St-Zip: LAND O'LAKES, FL 34639

Title: S () Delete
Name: FOSTER, STEVE
Address: 4549 WINDING RIVER WAY
City-St-Zip: LAND O'LAKES, FL 34639

Title: TD () Delete
Name: BERRIOS, JOHN
Address: 4330 SILVER FALLS DR
City-St-Zip: LAND O'LAKES, FL 34639

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: VP (X) Change () Addition
Name: ROBLES, ADA
Address: 4526 WINDING RIVER WAY
City-St-Zip: LAND O'LAKES, FL 34639

Title: S (X) Change () Addition
Name: FOX, ROBERT
Address: 4335 WINDING RIVER WAY
City-St-Zip: LAND O'LAKES, FL 34639

Title: D (X) Change () Addition
Name: DENTON, BARBARA
Address: 4343 SILVER FALLS DR
City-St-Zip: LAND O'LAKES, FL 34639

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: KELLY FLYNN

P

03/20/2009

Electronic Signature of Signing Officer or Director

Date