


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 20, 2007 8:00 am
Secretary of State

04-20-2007 90072 016 ****70.00

DOCUMENT # N03000000715			
1. Entity Name EDGEWATER CITIZEN WATCH ASSOCIATION, INC.			
Principal Place of Business 135 E PARK AVE EDGEWATER, FL 32132 US		Mailing Address P. O. BOX 913 EDGEWATER, FL 32132 US	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
04162007		Chg-NP CR2E037 (12/06)	
4. FEI Number 54-2097810		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input checked="" type="checkbox"/>		\$8.75 Additional Fee Required	
8. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
BALL, TIMOTHY R 135 E PARK AVE EDGEWATER, FL 32132		Name JEANNE DELNIGRO	
		Street Address (P.O. Box Number is Not Acceptable)	
		3130 TAMARIND DRIVE	
		City EDGEWATER FL Zip Code 32141	
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 <i>Jeanne DelNigro</i>		JEANNE DELNIGRO 4/16/07	
Signature, typed or printed name of registered agent and title if applicable.		(NOTE: Registered Agent signature required when re-registering)	
Filing Fee is \$61.25 Due by May 1, 2007		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	DPPP <input checked="" type="checkbox"/> Delete	TITLE	DPPP <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BALL, TIMOTHY R	NAME	DELNIGRO, JEANNE
STREET ADDRESS	2326 SABAL PALM DRIVE	STREET ADDRESS	3130 TAMARIND DRIVE
CITY-ST-ZIP	EDGEWATER, FL 32141	CITY-ST-ZIP	EDGEWATER, FL 32141
TITLE	DV <input checked="" type="checkbox"/> Delete	TITLE	DT <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	CRAMPO, CHARLES V	NAME	BENNINGTON, GEORGIANNA
STREET ADDRESS	1719 VICTORY PALM DRIVE	STREET ADDRESS	121 VIRGINIA STREET
CITY-ST-ZIP	EDGEWATER, FL 32132	CITY-ST-ZIP	EDGEWATER, FL 32132
TITLE	DT <input checked="" type="checkbox"/> Delete	TITLE	DS <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SOLTZ, DAVID B	NAME	CONROY, GARY
STREET ADDRESS	86 JENNIFER CIRCLE	STREET ADDRESS	3107 QUEEN PALM DRIVE
CITY-ST-ZIP	PONCE INLET, FL 32127	CITY-ST-ZIP	EDGEWATER, FL 32141
TITLE	DS <input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LAGRONE, MICHELLE	NAME	
STREET ADDRESS	2328 UNITY TREE DRIVE	STREET ADDRESS	
CITY-ST-ZIP	EDGEWATER, FL 32141	CITY-ST-ZIP	
TITLE	DV <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SCARAMUZZINO, SALVATORE	NAME	
STREET ADDRESS	706 STARBOARD AVENUE	STREET ADDRESS	
CITY-ST-ZIP	EDGEWATER, FL 32141	CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
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: <i>Gary T. Conroy</i>		GARY T. CONROY (380) 4-16-07 424-2400 x2153	
Signature and typed or printed name of signing officer or director		Date Daytime Phone #	