

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 21, 2006 8:00 am
Secretary of State

08-21-2006 90004 005 ****61.25

DOCUMENT # N03000001387					
1. Entity Name THE MOORINGS AT EDGEWATER CONDOMINIUM ASSOCIATION, INC.					
Principal Place of Business ADVANCED MANAGEMENT 9031 TOWN CENTER PKWY BRADENTON, FL 34202			Mailing Address ADVANCED MANAGEMENT 9031 TOWN CENTER PKWY BRADENTON, FL 34202		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.		08042006 Chg-NP CR2E037 (4/06)	
City & State		City & State		4. FEI Number 90-0054292	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent WILSON, DOUGLAS E ADVANCED MANAGEMENT 9031 TOWN CENTER PKWY BRADENTON, FL 34202				7. Name and Address of New Registered Agent	
				Name	
				Street Address (P.O. Box Number is Not Acceptable)	
				City	
				FL	
				Zip Code	
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 _____ (NOTE: Registered Agent signature required when reinstating)					
Signature, typed or printed name of registered agent and title if applicable.					
DATE					
Filing Fee is \$61.25 Due by September 6, 2006			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					
TITLE	PD	<input checked="" type="checkbox"/> Delete	TITLE	Pd	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MILKOVICH, JERRY		NAME	Armand Capriotti	
STREET ADDRESS	6540 MOORINGS POINT CIR #202		STREET ADDRESS	6521 Moorings Point Cir #201	
CITY-ST-ZIP	BRADENTON, FL 34202		CITY-ST-ZIP	Bradenton, FL 34202	
TITLE	VPD	<input type="checkbox"/> Delete	TITLE	VPD (SAME)	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	COX, HOWARD		NAME	Howard Cox	
STREET ADDRESS	6539 MOORINGS POINT RD #201		STREET ADDRESS	6539 Moorings Point Cir #201	
CITY-ST-ZIP	BRADENTON, FL 34202		CITY-ST-ZIP	Bradenton, FL 34202	
TITLE	STD	<input checked="" type="checkbox"/> Delete	TITLE	STD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BOYD, GREG		NAME	P.J. Depretretillo	
STREET ADDRESS	6539 MOORINGS POINT RD #202		STREET ADDRESS	6532 Moorings Point Cir #101	
CITY-ST-ZIP	BRADENTON, FL 34202		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	AST	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME			NAME	DOUGLAS E WILSON	
STREET ADDRESS			STREET ADDRESS	9031 TOWN CENTER PKWY	
CITY-ST-ZIP			CITY-ST-ZIP	Bradenton, FL 34202	
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:			8-4-06 941-359-1134		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date Daytime Phone #		