2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED Mar 29, 2005 8:00 am Secretary of State

03-29-2005 90019 029 ****61.25

ANNUAL REPORT		
DOCUMENT:	# N0300006867	O.III

1. Entity Name EDGEWATER AT DEERCREEK HOMEOWNERS ASSOCIATION, INC. Principal Place of Business Mailing Address 7785 BAYMEADOWS WAY 701 BRICKELL AVENUE SUITE #3000 **SUITE #200** JACKSONVILLE, FL 32256 MIAMI, FL 33131 2. Principal Place of Business 3, Mailing Address 4315 P4BLO Suite, Apt. #, etc. Suite, Apt. #, etc 02252005 Chg-NP CR2E037 (10/03) uile 4. FEI Number NOT APPLICABLE Applied For AUGUSTINE Not Applicable \$8.75 Additional 5. Certificate of Status Desired 2080 Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent INTRASTATE REGISTERED AGENT CORPORATION 701 BRICKELL AVENUE **SUITE #3000** MIAMI, FL 33131 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) 9. Election Campaign Financing \$5.00 May Be Make check payable to , · Filing Fee is \$61.25 Trust Fund Contribution. Florida Department of State Added to Fees Due by May 1, 2005 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 11. TITLE Delete TITLE Change HARDIN JEUVIFER 4315 PABLO DAKS CT. NAME SMITH, DAVID A NAME 7785 BAYMEADOWS WAY SUITE 200 STREET ADDRESS STREET ADDRESS JACKSONVILLE FL 32224 CITY-ST-ZIP JACKSONVILLE, FL 32256 CITY-ST-ZIP Addition Delete ☐ Change TITLE TITLE GENOVESE BILL BAIO BRIFORT ROAD, NAME COLTON, RALPH NAME # 400 STREET ADDRESS STREET ADDRESS 4315 PABLO OAKS CT SUITE 1 JACKSONVILLE, FL 32224 CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition TITLE ☐ Delete BRAREN, MICHAEL NAME NAME 4315 PABLO OAKS CT SUITE 1 STREET ADDRESS STREET ADDRESS JACKSONVILLE, FL 32224 CITY-ST-7IP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Change ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP . Change. TITLE Delete TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

12. Thereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:

Addin J.L. HAPDIN

03.15.05

2044K21(X)

Daytin