

**2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED  
Jan 06, 2005  
Secretary of State**

DOCUMENT# N03489

Entity Name: 2087 EDGEWATER CONDOMINIUM ASSOCIATION, INC.

**Current Principal Place of Business:**

2087 EDGEWATER DR.,  
APT G  
CLEARWATER, FL 33755

**New Principal Place of Business:**

**Current Mailing Address:**

2087 EDGEWATER DR.,  
APT G  
CLEARWATER, FL 33755

**New Mailing Address:**

FEI Number: 59-2891532      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

MENSCH, ROBERT  
2087 EDGEWATER DRIVE  
APT G  
CLEARWATER, FL 33755 US

**Name and Address of New Registered Agent:**

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:

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: VD ( ) Delete  
Name: GARRISON, JOHN  
Address: 2087 EDGEWATER DR., APT E  
City-St-Zip: CLEARWATER, FL 33755

Title: PD ( ) Delete  
Name: RIVERA, GLEN  
Address: 2087 EDGEWATER DRIVE APT D  
City-St-Zip: CLEARWATER, FL 33755

Title: TD ( ) Delete  
Name: ROBERT, MENSCH D  
Address: 2087 EDGEWATER DR APT G  
City-St-Zip: CLEARWATER, FL 33755

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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

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

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

I hereby certify that the information supplied with this filing does not qualify for the 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 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: ROBERT MENSCH

TD

01/06/2005

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date