


**2004 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 03, 2004 8:00 am
Secretary of State

05-03-2004 91227 027 ****61.25

DOCUMENT # N03707

1. Entity Name
EDGEWATER BEACH OWNERS ASSOCIATION, INC.



Principal Place of Business 291 SCENIC GULF DR MIRAMAR BEACH, FL 32550 US	Mailing Address 291 SCENIC GULF DR MIRAMAR BEACH, FL 32550 US
---	---

DO NOT WRITE IN THIS SPACE



04202004 No Chg-NP CR2E037 (10/03)

4. FEI Number 59-2535165	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**KEEFE, LAWRENCE
909 MAR WALT DRIVE
SUITE 1014
FT. WALTON BEACH, FL 32547-6711**

**DO NOT WRITE
IN THIS SPACE**

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**Filing Fee is \$61.25
Due by May 1, 2004**

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD HARRIS, SUZANNE 1215 CHEVAL LANE BIRMINGHAM, AL 35216
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VD FOSTER, TOM P.O. BX 948 N/A BRENTWOOD, TN
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D TERRY, BILL 124 VAUGHNS GAP RD NASHVILLE, TN 37205
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D TRACY, RON 600 LEATHER HINGE TRL ROSWELL, GA 30075
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D LOGUE, H.E. DR 3004 BRIANCLIFF RD BIRMINGHAM, AL 35223
TITLE NAME STREET ADDRESS CITY - ST - ZIP	TD MILLER, ROBERT D P.O. BOX 182 ABERDEEN, MS 39703

**DO NOT WRITE
IN THIS SPACE**

12. I hereby 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: *Suzanne Harris* Date: 4/20/04
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #

Attachment

54051474

#1103707

SD
STEVE ISAACS
121 21ST AVENUE NORTH
NASHVILLE, TN 37203