

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03707

FILED
Jan 22, 2009
Secretary of State

Entity Name: EDGEWATER BEACH OWNERS ASSOCIATION, INC.

Current Principal Place of Business:

291 SCENIC GULF DR
MIRAMAR BEACH, FL 32550 US

New Principal Place of Business:

Current Mailing Address:

291 SCENIC GULF DR
MIRAMAR BEACH, FL 32550 US

New Mailing Address:

FEI Number: 59-2535165 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

KEEFE, LAWRENCE
909 MAR WALT DRIVE
SUITE 1014
FT. WALTON BEACH, FL 325476711 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: PD () Delete
Name: HARRIS, SUZANNE
Address: 1215 CHEVAL LANE
City-St-Zip: BIRMINGHAM, AL 35216

Title: VD () Delete
Name: FOSTER, TOM
Address: P.O. BX 948
City-St-Zip: BRENTWOOD, TN 37024

Title: D () Delete
Name: TERRY, BILL
Address: 124 VAUGHNS GAP RD
City-St-Zip: NASHVILLE, TN 37205

Title: D () Delete
Name: TRACY, RON
Address: 600 LEATHER HINGE TRL
City-St-Zip: ROSWELL, GA 30075

Title: D () Delete
Name: LOGUE, H.E. DR
Address: 3004 BRIARCLIFF RD
City-St-Zip: BIRMINGHAM, AL 35223

Title: TD () Delete
Name: MILLER, ROBERT D
Address: P.O. BOX 182
City-St-Zip: ABERDEEN, MS 39730

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:

Title: D (X) Change () Addition
Name: TRACY, RON
Address: 291 SCENIC GULF DRIVE
City-St-Zip: MIRAMAR BEACH, FL 32550

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 exemption stated 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 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: SUZANNE C. HARRIS

P

01/22/2009

Electronic Signature of Signing Officer or Director

_____ Date