

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

04-21-2005 90237 003 \*\*\*\*\*61.25  
FILED N04000008811

PAGE 1072

05 NOV -2 PM 12:56

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



04102005 Chg-NP CR2E037 (10/03)

<b>DOCUMENT # N04000008811</b>					
1. Entity Name EDGEWATER DRIVE HOMEOWNERS ASSOCIATION, INC.					
Principal Place of Business 1971 EDGEWATER DR CLEARWATER, FL 33755			Mailing Address 1971 EDGEWATER DR CLEARWATER, FL 33755		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number	
				<input checked="" type="checkbox"/> 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				7. Name and Address of New Registered Agent	
VRONDOS, ANGELICA 1971 EDGEWATER DR CLEARWATER, FL 33755				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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent's signature required when renewal mg)</small> DATE _____					
Filing Fee is \$61.25 Due by May 1, 2005		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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	P	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	BELIAK, KATE		NAME		
STREET ADDRESS	1039 SUNNYDALE DR		STREET ADDRESS		
CITY-ST-ZIP	CLEARWATER, FL		CITY-ST-ZIP		
TITLE	VT	<input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	VRONDOS, ANGELICA		NAME		
STREET ADDRESS	1971 EDGEWATER DR		STREET ADDRESS		
CITY-ST-ZIP	CLEARWATER, FL 33755		CITY-ST-ZIP		
TITLE	S	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	WRIGHT, ROBIN		NAME		
STREET ADDRESS	1125 COMMODORE ST		STREET ADDRESS		
CITY-ST-ZIP	CLEARWATER, FL 33755		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME			NAME	LINDLEY BARBARA	
STREET ADDRESS			STREET ADDRESS	1032 MARINE ST.	
CITY-ST-ZIP			CITY-ST-ZIP	CLEARWATER, FL 33755	
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		
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 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 attestation, with all other like empowered.					
SIGNATURE: <u>Barbara Lindley</u> - BARBARA LINDLEY 4/20/05 (727) 298-8034					
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					

10-28-05

TO: Division of Corporations  
P.O. Box 6327  
Tallahassee, FL. 32314

FROM: Edgewater Drive Homeowners Association, Inc.  
Barbara Lindley-Treasure

*Doc # NO4000008811*

RE: Notice of Dissolution or Revocation

On 10-28-05 I called your office. I was made aware of a letter dated May 2, 2005 advising that our annual report was incomplete. Our association did not receive this letter. The letter explained that the information in line item #4 was needed. At the advise of your dept, I called the IRS at 1-800-829-4933 and received our EIN#59-3123074.

Please find enclosed, the copy of our 2005 annual report and a copy of the cancelled check for the payment of the required annual fee dated April 18, 2005, evidence that we did file the report and make the payment on time. In view of theses facts our association request that the late penalty be waived.