2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 14, 2006
Secretary of State

DOCUMENT# N04000008811

Entity Name: EDGEWATER DRIVE HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business:

1971 EDGEWATER DR
CLEARWATER, FL 33755

New Principal Place of Business:

Current Mailing Address:

1971 EDGEWATER DR
CLEARWATER, FL 33755

New Mailing Address:

FEI Number: **FEI Number Applied For (X)** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

VRONDOS, ANGELICA
1971 EDGEWATER DR
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:	P	( ) Delete
Name:	BELNIAK, KATE	
Address:	1039 SUNNYDALE DR	
City-St-Zip:	CLEARWATER, FL	
Title:	V	( ) Delete
Name:	VRONDOS, ANGELLICA	
Address:	1971 EDGEWATER DR	
City-St-Zip:	CLEARWATER, FL 33755	
Title:	S	( ) Delete
Name:	WRIGHT, ROBIN	
Address:	1125 COMMODORE ST	
City-St-Zip:	CLEARWATER, FL 33755	
Title:	T	( ) Delete
Name:	LINDLEY, BARBRA	
Address:	1032 MARINE ST	
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:		
Title:	T	(X) Change ( ) Addition
Name:	LINDLEY, BARBARA	
Address:	1032 MARINE ST	
City-St-Zip:	CLEARWATER, FL 33755	

I hereby certify that the information supplied with this filing does not qualify for the 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: BARBARA LINDLEY T 04/14/2006

Electronic Signature of Signing Officer or Director — Date