

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED  
Mar 29, 2008  
Secretary of State

DOCUMENT# N04000008811

Entity Name: EDGEWATER DRIVE HOMEOWNERS ASSOCIATION, INC.

**Current Principal Place of Business:**

1032 MARINE STREET  
CLEARWATER, FL 33755

**New Principal Place of Business:**

**Current Mailing Address:**

1032 MARINE STREET  
CLEARWATER, FL 33755

**New Mailing Address:**

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

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

LINDLEY, BARBARA A  
1032 MARINE STREET  
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, ANGELICA  
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, BARBARA  
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:                      ( ) 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: BARBARA LINDLEY

T

03/29/2008

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date