

2005 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT# N04000011116

FILED
Nov 02, 2005
Secretary of State

Entity Name: EDGEWATER ACRES HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business:

4648 NORTH HIGHWAY 441
OKEECHOBEE, FL 34972

New Principal Place of Business:

Current Mailing Address:

4648 NORTH HIGHWAY 441
OKEECHOBEE, FL 34972

New Mailing Address:

FEI Number: 20-3722853 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

CAMERON, COLIN M
200 N.E. 4TH AVENUE
OKEECHOBEE, FL 33472 US

Name and Address of New Registered Agent:

CAMERON, COLIN M ESQ.
200 N.E. 4TH AVENUE
OKEECHOBEE, FL 349722981 US

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: COLIN M. CAMERON, ESQ.

11/02/2005

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PSD () Delete
Name: EARHART, JON L
Address: 115 E. BOCA RATON RD.
City-St-Zip: BOCA RATON, FL 33432

Title: VTD () Delete
Name: WOHLEEMUTH, DOUG
Address: 2461 S.W. 27TH TERRACE
City-St-Zip: FT. LAUDERDALE, FL 33312

Title: D () Delete
Name: WILEN, BARRY
Address: 4601 SHERIDAN STREET
City-St-Zip: HOLLYWOOD, FL 33081

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: EARHART, JON L
Address: 4648 NORTH HWY 441
City-St-Zip: OKEECHOBEE, FL 34972

Title: VD (X) Change () Addition
Name: EARHART, COLLEEN C
Address: 4648 NORTH HWY 441
City-St-Zip: OKEECHOBEE, FL 34972

Title: DST (X) Change () Addition
Name: HANCOCK, PAM
Address: 1309 S.W. 10TH DRIVE
City-St-Zip: OKEECHOBEE, FL 34974

I hereby certify that the information supplied with this filing does not qualify for the 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 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: JON L. EARHART

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11/02/2005

Electronic Signature of Signing Officer or Director

Date