

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000011116

FILED
Mar 23, 2009
Secretary of State

Entity Name: EDGEWATER ACRES HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business:

581 SW 86 TERRACE
OKEECHOBEE, FL 34974 US

New Principal Place of Business:

Current Mailing Address:

581 SW 86 TERRACE
OKEECHOBEE, FL 34974 US

New Mailing Address:

P.O. BOX 2076
OKEECHOBEE, FL 34973 US

FEI Number: 20-3722853

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CAMERON, COLIN M ESQ.
200 N.E. 4TH AVENUE
OKEECHOBEE, FL 349722981 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: BANDI, MICKEY
Address: 8648 SW 7TH LANE
City-St-Zip: OKEECHOBEE, FL 349741532 US

Title: VD () Delete
Name: EARHART, COLLEEN C
Address: 4648 NORTH HWY 441
City-St-Zip: OKEECHOBEE, FL 349728673 US

Title: DST () Delete
Name: ROGERSON, ALAN
Address: 581 SW 86 TERRACE
City-St-Zip: OKEECHOBEE, FL 34974 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: CANNON, BRUCE
Address: 574 SW 86TH AVENUE
City-St-Zip: OKEECHOBEE, FL 349741532 US

Title: VD (X) Change () Addition
Name: BARRETT, HEATHER C
Address: 532 SW 86TH AVENUE
City-St-Zip: OKEECHOBEE, FL 349728673 US

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: ALAN ROGERSON

DST

03/23/2009

Electronic Signature of Signing Officer or Director

Date