

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000002441

FILED
May 01, 2008
Secretary of State

Entity Name: EDGEWOOD TOWNHOMES HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business:

2923 SW 18TH TERRACE
FORT LAUDERDALE, FL 33315

New Principal Place of Business:

Current Mailing Address:

PO BOX 667348
POMPAHO BEACH, FL 33066

New Mailing Address:

FEI Number: 20-4468867 **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:

Name and Address of New Registered Agent:

PERSONAL PROPERTY MANAGEMENT, INC
1500 WEST CYPRESS CREEK ROAD
SUITE 419
FORT LAUDERDALE, FL 33309 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: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: KEELEY, BENJAMIN
Address: 2949 SW 18TH TERRACE
City-St-Zip: FORT LAUDERDALE, FL 33315

Title: VP () Delete
Name: GRIFFITH, ROBERT B
Address: 2923 SW 18TH TERRACE
City-St-Zip: FORT LAUDERDALE, FL 33315

Title: ST (X) Delete
Name: LYNCH, JOHN
Address: 2943 SW 18TH TERRACE
City-St-Zip: FORT LAUDERDALE, FL 33315

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: VPST (X) Change () Addition
Name: GRIFFITH, ROBERT B
Address: 2923 SW 18TH TERRACE
City-St-Zip: FORT LAUDERDALE, FL 33315

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: BEN KEELEY

P

05/01/2008

Electronic Signature of Signing Officer or Director

Date