


**2008 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 21, 2008 8:00 am
Secretary of State

03-21-2008 90019 001 ****61.25

DOCUMENT # N06000004914 1. Entity Name EDGEWATER PROFESSIONAL PLAZA OWNERS ASSOCIATION, INC.	
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Principal Place of Business 927 S. RIDGEWOOD AVENUE SUITE B-6 EDGEWATER, FL 32132	Mailing Address 927 S. RIDGEWOOD AVENUE SUITE B-6 EDGEWATER, FL 32132
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40049638



01142008 No Chg-NP CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number NOT APPLICABLE	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent JARVIS, SHERRY 927 S. RIDGEWOOD AVE SUITE A-6 EDGEWATER, FL 32132

**DO NOT WRITE
IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reappointing) DATE _____

**Filing Fee is \$61.25
Due by May 1, 2008**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	P JARVIS, SHERRY 927 S. RIDGEWOOD AVE, STE A-6 EDGEWATER, FL 32132
TITLE NAME STREET ADDRESS CITY- ST- ZIP	VP MERRICK, JOHN 927 S RIDGEWOOD AVE SUITE B-4 EDGEWATER, FL 32132
TITLE NAME STREET ADDRESS CITY- ST- ZIP	S ABBOTT, STEPHANIE 927 S RIDGEWOOD AVE, SUITE B-6 EDGEWATER, FL 32132
TITLE NAME STREET ADDRESS CITY- ST- ZIP	T WOOD, WILLIE 927 S RIDGEWOOD AVE, SUITE B-5 EDGEWATER, FL 32132
TITLE NAME STREET ADDRESS CITY- ST- ZIP	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other officers empowered.

SIGNATURE:

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/1/08
Date

Daytime Phone #