


# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 05, 2007 8:00 am**  
**Secretary of State**

02-05-2007 90101 043 \*\*\*\*61.25

<b>DOCUMENT # N06000009921</b>					
<b>1. Entity Name</b> EDNA AVENUE CLUB, INC.					
<b>Principal Place of Business</b> 7137 EDNA AVE. HUDSON, FL 34667			<b>Mailing Address</b> 7137 EDNA AVE. HUDSON, FL 34667		
<b>2. Principal Place of Business - No P.O. Box #</b>		<b>3. Mailing Address</b> 12805 Winding Way			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State HUDSON FL		<b>4. FEI Number</b> 20-8160719	
Zip		Country		<b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
Zip 34667		Country USA		01252007 Chg-NP CR2E037 (12/06)	
<b>6. Name and Address of Current Registered Agent</b> PERKINS, MICHELLE S 12805 WINDING WAY HUDSON, FL 34667			<b>7. Name and Address of New Registered Agent</b>		
Name			Street Address (P.O. Box Number is Not Acceptable)		
City			FL Zip Code		
<b>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.</b>					
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>Filing Fee is \$61.25 Due by May 1, 2007</b>		<b>9. Election Campaign Financing</b> Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>10. OFFICERS AND DIRECTORS</b>		<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>			
<b>TITLE</b> P	<b>NAME</b> PERKINS, MICHELLE S		<input type="checkbox"/> Delete		
<b>STREET ADDRESS</b> 12805 WINDING WAY	<b>STREET ADDRESS</b> 12805 WINDING WAY		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
<b>CITY-ST-ZIP</b> HUDSON, FL 34667	<b>CITY-ST-ZIP</b> HUDSON, FL 34667		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
<b>TITLE</b> V	<b>NAME</b> MCCORMICK, RICK		<input type="checkbox"/> Delete		
<b>STREET ADDRESS</b> 9643 GENE ST.	<b>STREET ADDRESS</b> 9643 GENE ST.		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
<b>CITY-ST-ZIP</b> HUDSON, FL 34669	<b>CITY-ST-ZIP</b> HUDSON, FL 34669		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
<b>TITLE</b> T	<b>NAME</b> BOWEN, RAYMOND		<input checked="" type="checkbox"/> Delete		
<b>STREET ADDRESS</b> 13302 SHADBERRY LANE	<b>STREET ADDRESS</b> 13302 SHADBERRY LANE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
<b>CITY-ST-ZIP</b> HUDSON, FL 34667	<b>CITY-ST-ZIP</b> HUDSON, FL 34667		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
<b>TITLE</b> S	<b>NAME</b> STANLEY, LINDA		<input type="checkbox"/> Delete		
<b>STREET ADDRESS</b> 7627 MEDINAH DR.	<b>STREET ADDRESS</b> 7627 MEDINAH DR.		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
<b>CITY-ST-ZIP</b> NEW PORT RICHEY, FL 34654	<b>CITY-ST-ZIP</b> NEW PORT RICHEY, FL 34654		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
<b>TITLE</b> D	<b>NAME</b> WOTH, THEODORE R JR.		<input type="checkbox"/> Delete		
<b>STREET ADDRESS</b> 12130 CHUCK CIRCLE	<b>STREET ADDRESS</b> 12130 CHUCK CIRCLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
<b>CITY-ST-ZIP</b> HUDSON, FL 34669	<b>CITY-ST-ZIP</b> HUDSON, FL 34669		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
<b>TITLE</b> D	<b>NAME</b> ZUNT, GARY		<input type="checkbox"/> Delete		
<b>STREET ADDRESS</b> 12308 LONGHORN	<b>STREET ADDRESS</b> 12308 LONGHORN		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
<b>CITY-ST-ZIP</b> HUDSON, FL 34667	<b>CITY-ST-ZIP</b> HUDSON, FL 34667		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
<b>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 like empowered.</b>					
<b>SIGNATURE:</b> <i>Michelle S Perkins</i>		1/26/07			
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #			