


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

FILED
Feb 25, 2008 08:00 AM
Secretary of State

DOCUMENT # N06000009921 1. Entity Name EDNA AVENUE CLUB, INC.	
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Principal Place of Business 7137 EDNA AVE. HUDSON, FL 34667	Mailing Address 12805 WINDING WAY HUDSON, FL 34667
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DO NOT WRITE IN THIS SPACE



01142008 No Chg-NP CR2E037 (4/06)

4. FEI Number 20-8160719	Applied For <input type="checkbox"/> 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 PERKINS, MICHELLE S 12805 WINDING WAY HUDSON, FL 34667	DO NOT WRITE IN THIS SPACE
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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 reinstating) _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable.

Filing Fee is \$61.25 Due by May 1, 2008	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P PERKINS, MICHELLE S 12805 WINDING WAY HUDSON, FL 34667
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V MCCORMICK, RICK 9643 GENE ST. HUDSON, FL 34669
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T KIRCHNER, LAWRENCE B 12660 SHADOW RIDGE BLVD. HUDSON, FL 34669
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S STANLEY, LINDA 7627 MEDINAH DR. NEW PORT RICHEY, FL 34654
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WOTH, THEODORE R JR. 12130 CHUCK CIRCLE HUDSON, FL 34669
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ZUNT, GARY 12308 LONGHORN HUDSON, FL 34667

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03/04/08-80027-001 61.25

**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 like empowered.

SIGNATURE: Michelle Perkins (President) 4/16/08 727-5
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #