

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06395

FILED
Apr 20, 2009
Secretary of State

Entity Name: EDGEWATER ARMS MASTER ASSOCIATION, INC.

Current Principal Place of Business:

4151 WOODLANDS PARKWAY
PALM HARBOR, FL 34685

New Principal Place of Business:

Current Mailing Address:

4151 WOODLANDS PARKWAY
PALM HARBOR, FL 34685

New Mailing Address:

FEI Number: 59-1615306

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

REARDON, MAUREEN C
4151 WOODLANDS PARKWAY
PALM HARBOR, FL 34685 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: JENE, COOK
Address: 622 EDGEWATER DR. #221
City-St-Zip: DUNEDIN, FL 34698

Title: VPD () Delete
Name: TIRONE, GASPER
Address: 632 EDGEWATER DR. #731
City-St-Zip: DUNEDIN, FL 34698

Title: TD () Delete
Name: GENERALLI, DON
Address: 634 EDGEWATER DR. #543
City-St-Zip: DUNEDIN, FL 34698

Title: D () Delete
Name: CORSINI, LINDA
Address: 622 EDGEWATER DR #226
City-St-Zip: DUNEDIN, FL 34698

Title: D () Delete
Name: SMALLEY, JOHN
Address: 620 EDGEWATER DR. #104
City-St-Zip: DUNEDIN, FL 34698

Title: D () Delete
Name: CHRISTY, DAN
Address: 620 EDGEWATER DR. #202
City-St-Zip: DUNEDIN, FL 34698

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: TIRONE, GASPER
Address: 632 EDGEWATER DR. #731
City-St-Zip: DUNEDIN, FL 34698

Title: VPD (X) Change () Addition
Name: COOK, JENE
Address: 622 EDGEWATER DR., #221
City-St-Zip: DUNEDIN, FL 34698

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

Title: D (X) Change () Addition
Name: WOODROW, AL
Address: 622 EDGEWATER DR., #624
City-St-Zip: DUNEDIN, FL 34698

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

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: GASPER TIRONE

PRES

04/20/2009

Electronic Signature of Signing Officer or Director

Date