2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

Apr 02, 2008 8:00 am Secretary of State DOCUMENT # N06730 1. Entity Name 04-02-2008 90034 023 ****61.25 DOWN TOWN EDGEWATER PLAZA CONDOMINIUM ASSOCIATION, INC. Principal Place of Business Mailing Address 2321 S. RIDGEWOOD AVE. 2321 S. RIDGE AVE. **EDGEWATER FL 32141** EDGEWATER FL 32141 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apr. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E037 (10/07) City & State City & State 4. FEI Number Applied For 59-2332235 Not Applicable Zin Country Country **\$8.75** Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name CARDER, JAMES, C, SR Street Audress (P.O. Box Number is Not Acceptable) 2117 RIVERSIDE AVE **EDGEWATER FL 32141** City Zip Code 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) CATE FILE NOW: FEE IS \$61.25 9. Election Campaign Financing Make Check Payable to \$5.00 May Be Trust Fund Contribution. Due By May 1, 2008 Added to Fees Florida Department of State gregist construction OFFICERS AND DIRECTORS 10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 11. TITLE ☐ Delete TITLE Change ■ Addition CARDER, J.C. NAME 2117 RIVERSIDE AVE STREET ADDRESS STREET ADDRESS EDGEWATER FL CITY-ST-ZIP CITY-ST-ZIP THLE ☐ Delate TITLE ☐ Change ☐ Addition CARDER, ROSEMARY NAME NAME 2117 RIVERSIDE AVE STREET ADDRESS STREET ADDRESS EDGEWATER FL CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE Change Addition NAME CARDER, CARL NAME 1305 ROYAL PALM DR STREET ADDRESS STREET ADDPESS EDGEWATER FL 32132 CITY-ST-ZIP CITY-ST-ZIP VPD TITLE ☐ Dalate TITLE Change ☐ Addition CARDER, DALE B NAME NAME 1901 12th St. 314 MARINERS GATE DR STREET ADDRESS STREET ADDRESS Edgewater, FL. 32132 EDGEWATER FL 32141 CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZP TITLE ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:

3-21.08

386-427-9556

FILED