

**FILED**  
**May 02, 2008 8:00 am**  
**Secretary of State**

05-02-2008 90138 027 \*\*\*\*61.25

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

<b>DOCUMENT # N07000000237</b> 1. Entity Name <b>THE PLANTATION @ EDGEWATER DR. CONDOMINIUM ASSOCIATION, INC.</b>					
Principal Place of Business 2049 EDGEWATER DR. CLEARWATER, FL 33755			Mailing Address 914 CURLEW RD., #354 DUNEDIN, FL 34698		
2. Principal Place of Business - No P.O. Box #  Suite, Apt. #, etc.  City & State  Zip                      Country		3. Mailing Address <b>1433 Gulf-to-Bay Blvd.</b> Suite, Apt. #, etc. <b>Suite I</b> City & State <b>Clearwater, Florida</b> Zip                      Country <b>33755                      USA</b>			
4. FEI Number <b>20-5216542</b>				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				03272008    Chg-NP    CR2E037 (12/06)	
6. Name and Address of Current Registered Agent  <b>CALVO, FABIAN</b> <b>914 CURLEW RD., #354</b> <b>DUNEDIN, FL 34698</b>			7. Name and Address of New Registered Agent Name <b>Wood, Bradley J., Esq.</b> Street Address (P.O. Box Number is Not Acceptable) <b>600 First Avenue North, Suite 302</b> City                      State                      Zip Code <b>Clearwater                      FL                      33701</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.					
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, 2008</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		Make check payable to <b>Florida Department of State</b>	
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CALVO, FABIAN 914 CURLEW RD., #354 DUNEDIN, FL 34698	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Calvo, Fabian 1433 Gulf-to-Bay Blvd., Suite I Clearwater, Florida 33755	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BAKER, AMBER 914 CURLEW RD., #354 DUNEDIN, FL 34698	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Calvo, Amber 1433 Gulf-to-Bay Blvd., Suite I Clearwater, Florida 33755	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BAKER, BART 914 CURLEW RD., #354 DUNEDIN, FL 34698	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Baker, Bart 1433 Gulf-to-Bay Blvd., Suite I Clearwater, Florida 33755	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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>SIGNATURE:</b> _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			Date                      Daytime Phone # <b>727-442-9700</b>		

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