2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N07834

FILED Apr 19, 2005 Secretary of State

Entity Name: EDGEWOOD CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business: New Principal Place of Business:

1071 EDGEWOOD AVE S JACKSONVILLE, FL 32205

Current Mailing Address: New Mailing Address:

C/O BMI

6015 MORROW STREET EAST, SUITE 107 JACKSONVILLE, FL 32217

FEI Number: 59-2491983 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

TERENCE K BANNING

6015 MORROW ST E #107

JACKSONVILLE, FL 32217

US

BANNING MANAGEMENT INC.

6015 MORROW ST E #107

JACKSONVILLE, FL 32217

US

JACKSONVILLE, FL 32217

US

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: BANNING MANAGEMENT, INC. 04/19/2005

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

 Title:
 PD
 () Delete
 Title:
 PD
 (X) Change () Addition

 Name:
 TURNER, SHIRLEY
 Name:
 TURNER, SHIRLEY

 Address:
 1071 S. EDGEWOOD AVE
 Address:
 1071 S. EDGEWOOD AVE 603

Address: 1071 S. EDGEWOOD AVE 60.
City-St-Zip: JACKSONVILLE, FL 32205 City-St-Zip: JACKSONVILLE, FL 32205

Title: STD () Delete Title: STD (X) Change () Addition Name: GIBBS, ANNE GIBBS, ANNE

 Address:
 1071 S. EDGEWOOD AVE.
 Address:
 1071 S. EDGEWOOD AVE.503

 City-St-Zip:
 JACKSONVILLE, FL
 City-St-Zip:
 JACKSONVILLE, FL
 32205

Title: VD () Delete Title: VD (X) Change () Addition

Name: ZUZUL, RON Name: HESTER, HELEN

 Address:
 1071 S. EDGEWOOD AVE.
 Address:
 1071 S. EDGEWOOD AVE. 501

 City-St-Zip:
 JACKSONVILLE, FL 32205
 City-St-Zip:
 JACKSONVILLE, FL 32205

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: SHIRLEY TURNER PD 04/19/2005