2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 23, 2007
Secretary of State

DOCUMENT# N07834

Entity Name: EDGEWOOD CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

1071 EDGEWOOD AVE S
JACKSONVILLE, FL 32205

New Principal Place of Business:

Current Mailing Address:

C/O BMI
6015 MORROW STREET EAST, SUITE 107
JACKSONVILLE, FL 32217

New Mailing Address:

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

Name and Address of Current Registered Agent:

BANNING MANAGEMENT INC.
6015 MORROW ST E #107
JACKSONVILLE, FL 32217 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: TURNER, SHIRLEY
Address: 1071 S. EDGEWOOD AVE 603
City-St-Zip: JACKSONVILLE, FL 32205

Title: STD ( ) Delete
Name: GIBBS, ANNE
Address: 1071 S. EDGEWOOD AVE.503
City-St-Zip: JACKSONVILLE, FL 32205

Title: VD ( ) Delete
Name: HESTER, HELEN
Address: 1071 S. EDGEWOOD AVE. 501
City-St-Zip: JACKSONVILLE, FL 32205

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change ( ) Addition
Name: O'BRYNE, WILLIAM
Address: 1071 S. EDGEWOOD AVE 202
City-St-Zip: JACKSONVILLE, FL 32205

Title: STD (X) Change ( ) Addition
Name: BANKS, TOMMY
Address: 1071 S. EDGEWOOD AVE.102
City-St-Zip: JACKSONVILLE, FL 32205

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

I hereby certify that the information supplied with this filing does not qualify for the 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: WILLIAM O'BRYNE PD 04/23/2007

Electronic Signature of Signing Officer or Director — Date