2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 17, 2011
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:

P. O. BOX 50886
JACKSONVILLE BEACH, FL 32240

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:

RIVER CITY MANAGEMENT SERVICES, INC.
1639 BEACH BLVD.
JACKSONVILLE BEACH, FL 32250 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: D
Name: LINER, BOB
Address: 1071 S. EDGEWOOD AVE 206
City-St-Zip: JACKSONVILLE, FL 32205

Title: T
Name: CAMPBELL, JUANITA
Address: 1071 S. EDGEWOOD AVE. 303
City-St-Zip: JACKSONVILLE, FL 32205

Title: S
Name: MCNEIL, GLENNIS
Address: 1071 S. EDGEWOOD AVE. 405
City-St-Zip: JACKSONVILLE, FL 32205

Title: P
Name: TURNER, SHIRLEY
Address: 1071 S. EDGEWOOD AVE. 603
City-St-Zip: JACKSONVILLE, FL 32205

Title: D
Name: JENKINS, IRENE
Address: 1071 S. EDGEWOOD AVE. 401
City-St-Zip: JACKSONVILLE, FL 32205

I hereby 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 all other like empowered.

SIGNATURE: STHOMPSON RA 02/17/2011

Electronic Signature of Signing Officer or Director — Date