

2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N19289

FILED
Feb 15, 2010
Secretary of State

Entity Name: EDGEWOOD OF GULF TRACE HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business:

5901 US 19 N
STE. 7Q
NEW PORT RICHEY, FL 34652

New Principal Place of Business:

Current Mailing Address:

5901 US 19 N
STE. 7Q
NEW PORT RICHEY, FL 34652

New Mailing Address:

FEI Number: 59-2893802

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

QUALIFIED PROPERTY MANAGEMENT, INC.
5901 US 19 N
STE 7Q
NEW PORT RICHEY, FL 34652 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: VD
Name: KECH, JESSE
Address: 5901 US 19 N, STE 7Q
City-St-Zip: NEW PORT RICHEY, FL 34652

Title: PD
Name: PETERS, THOMAS
Address: 5901 US 19 N, STE 7Q
City-St-Zip: NEW PORT RICHEY, FL 34652

Title: TD
Name: WANNAMAKER, SAM
Address: 5901 US 19 N, STE 7Q
City-St-Zip: NEW PORT RICHEY, FL 34652

Title: SD
Name: CONSTANTELO, KATHRYN
Address: 5901 US 19 N, STE 7Q
City-St-Zip: NEW PORT RICHEY, FL 34652

Title: D
Name: CARR, NANCY
Address: 5901 US 19 N, STE 7Q
City-St-Zip: NEW PORT RICHEY, FL 34652

Title: D
Name: WOODEN, MARY JANE
Address: 5901 US 19 N, STE 7Q
City-St-Zip: NEW PORT RICHEY, FL 34652

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: MARY A WHITE

CEO

02/15/2010

_____ Electronic Signature of Signing Officer or Director

_____ Date