

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N25018

FILED
May 01, 2006
Secretary of State

Entity Name: EDGEWOOD CONDOMINIUM ASSOCIATION OF NAPLES, INC.

Current Principal Place of Business:

P.O. BOX 110339
NAPLES, FL 34108 US

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 110339
NAPLES, FL 34108 US

New Mailing Address:

FEI Number: 65-0070425 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

KUETER, BEVERLY
4306 ARNOLD AVE.
NAPLES, FL 34104 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: DP () Delete
Name: MORRIS, Q.L.
Address: 5739 WHITAKER ROAD #104
City-St-Zip: NAPLES, FL 34112

Title: DST () Delete
Name: TOLZDORF, ROBERT
Address: 5735 WHITAKER RD. #203
City-St-Zip: NAPLES, FL 34112

Title: DVP () Delete
Name: RYAN, PETER
Address: 5741 WHITAKER ROAD #201
City-St-Zip: NAPLES, FL 34112

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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: Q.L. MORRIS

DP

05/01/2006

Electronic Signature of Signing Officer or Director

Date