

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 03, 2006 8:00 am
Secretary of State

04-03-2006 90411 029 ****61.25

DOCUMENT # N25446
 1. Entity Name
 EDGEWATER VILLAGE HOMEOWNERS, INC.



Principal Place of Business
 2538 DAVIS CIR
 SEBRING, FL 33870 US

Mailing Address
 2538 DAVIS CIR
 SEBRING, FL 33870 US

00000010



2. Principal Place of Business
 Suite, Apt. #, etc.

3. Mailing Address
 Suite, Apt. #, etc.

03272006 Chg-NP CR2E037 (11/05)

City & State
 Zip Country Zip Country

4. FEI Number
 59-2889861 Applied For
 Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
 GOUDIE, JACK
 2528 DAVIE CIR.
 SEBRING, FL 33870

7. Name and Address of New Registered Agent
 Name
 Street Address (P.O. Box Number is Not Acceptable)
 City FL Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is \$61.25 Due by May 1, 2006

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10			
TITLE	PD	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	GOUDIE, JACK			NAME			
STREET ADDRESS	2528 DAVIS CIR			STREET ADDRESS			
CITY-ST-ZIP	SEBRING, FL 33870			CITY-ST-ZIP			
TITLE	VPD	<input checked="" type="checkbox"/> Delete		TITLE	VPD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	SHELLEY, MEL			NAME	Bailey, Jim		
STREET ADDRESS	2422 DAVIS CIRCLE			STREET ADDRESS	2521 Davis Circle		
CITY-ST-ZIP	SEBRING, FL 33870			CITY-ST-ZIP	Sebring, FL 33870		
TITLE	TD	<input type="checkbox"/> Delete		TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	BOYKIN, DAVID C			NAME	Paek, Art.		
STREET ADDRESS	2405 DAVIS CIRCLE			STREET ADDRESS	2507 Davis Circle		
CITY-ST-ZIP	SEBRING, FL 33870			CITY-ST-ZIP	Sebring, FL 33870		
TITLE	SD	<input type="checkbox"/> Delete		TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	SCHAAD, SUE			NAME	Swift, Robert		
STREET ADDRESS	2534 DAUSS CIR			STREET ADDRESS	2537 Davis Circle		
CITY-ST-ZIP	SEBRING, FL 33870			CITY-ST-ZIP	Sebring, FL 33870		
TITLE	D	<input checked="" type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	LOVELESS, JOHANNA			NAME			
STREET ADDRESS	2517 DAVIS CIRCLE			STREET ADDRESS			
CITY-ST-ZIP	SEBRING, FL 33870			CITY-ST-ZIP			
TITLE	D	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	BEGG, TEDD			NAME			
STREET ADDRESS	2412 DAVIS CIRCLE			STREET ADDRESS			
CITY-ST-ZIP	SEBRING, FL 33870			CITY-ST-ZIP			

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: David C. Boykin David C. Boykin (TD) 3/28/06 863-471-6100
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #