

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		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 59-2889861	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
Filing Fee is \$61.25 Due by May 1, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$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	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	SHELLEY, MEL		NAME	VPD 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	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	BOYKIN, DAVID C		NAME	D 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	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	SCHAAD, SUE		NAME	D 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: <i>David C. Boykin</i> David C. Boykin (TD) 3/28/06 863-471-6100					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					