

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 12, 2007 8:00 am
Secretary of State

02-12-2007 90101 005 ****61.25

DOCUMENT # N25446

1. Entity Name

EDGEWATER VILLAGE HOMEOWNERS, INC.



Principal Place of Business

Mailing Address

2538 DAVIS CIR
SEBRING FL 33870
US

2538 DAVIS CIR
SEBRING FL 33870
US



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E037 (10/06)

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

7. Name and Address of New Registered Agent

GOUDIE, JACK
2528 DAVIS CIR.
SEBRING FL 33870

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25
Due By May 1, 2007

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 ☐ Delete
NAME GOUDIE, JACK
STREET ADDRESS 2528 DAVIS CIR
CITY- ST- ZIP SEBRING FL 33870

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE VPD ☐ Delete
NAME BAILEY, JIM
STREET ADDRESS 2521 DAVIS CIR
CITY- ST- ZIP SEBRING FL 33870

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE TD ☒ Delete
NAME BOYKIN, DAVID C
STREET ADDRESS 2405 DAVIS CIRCLE
CITY- ST- ZIP SEBRING FL 33870

TITLE TD ☒ Change ☐ Addition
NAME Tift, Clifford
STREET ADDRESS 2504 DAVIS Circle
CITY- ST- ZIP SEBRING FL 33870

TITLE SD ☐ Delete
NAME SCHAAD, SUE
STREET ADDRESS 2534 DAUSS CIR
CITY- ST- ZIP SEBRING FL 33870

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE D ☐ Delete
NAME PAEK, ART
STREET ADDRESS 2507 DAVIS CIR
CITY- ST- ZIP SEBRING FL 33870

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE D ☐ Delete
NAME BEGG, TEDD
STREET ADDRESS 2412 DAVIS CIRCLE
CITY- ST- ZIP SEBRING FL 33870

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY- ST- ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/2/07

863-314-0305

Date

Daytime Phone #