

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 31, 2008 8:00 am
Secretary of State

03-31-2008 90008 006 ****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 - No P.O. Box # Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 59-2889861	
Zip		Country		5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent GOUDIE, JACK 2528 DAVIS 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 <u><i>Jack Goudie</i></u> <u>03/28/08</u> Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reappointing) DATE					
Filing Fee is \$61.25 Due by May 1, 2008		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 NAME STREET ADDRESS CITY- ST- ZIP	PD GOUDIE, JACK 2528 DAVIS CIR SEBRING, FL 33870	☒ Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	PD Graham, Dean 2531 Davis Circle Sebring, FL 33870	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP	VPD BAILEY, JIM 2521 DAVIS CIR SEBRING, FL 33870	☐ Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP	TD TIFT, CLIFFORD 2504 DAVIS CIRCLE SEBRING, FL 33870	☒ Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	TD Tift, Lenora Ann 2504 Davis Circle Sebring, FL 33870	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP	SD SCHAAD, SUE 2534 DAUSS CIR SEBRING, FL 33870	☐ Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP	D PAEK, ART 2507 DAVIS CIR SEBRING, FL 33870	☒ Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	Goudie, Jack 2528 Davis Circle Sebring, FL 33870	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP	D BEGG, TEDD 2412 DAVIS CIRCLE SEBRING, FL 33870	☐ Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP		☐ Change ☐ Addition
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: <u><i>Dean H. Graham</i></u> DEAN H. GRAHAM <u>3/28/08</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #					