

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N25446

FILED
Mar 17, 2009
Secretary of State

Entity Name: EDGEWATER VILLAGE HOMEOWNERS, INC.

Current Principal Place of Business:

2538 DAVIS CIR
SEBRING, FL 33870 US

New Principal Place of Business:

Current Mailing Address:

2538 DAVIS CIR
SEBRING, FL 33870 US

New Mailing Address:

FEI Number: 59-2889861

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

GOUDIE, JACK
2528 DAVIE CIR.
SEBRING, FL 33870 US

Name and Address of New Registered Agent:

GRAHAM, DEAN
2531 DAVIS CIR.
SEBRING, FL 33870 US

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: DEAN GRAHAM

03/17/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: GRAHAM, DEAN
Address: 2531 DAVIS CIRCLE
City-St-Zip: SEBRING, FL 33870

Title: VPD () Delete
Name: BAILEY, JIM
Address: 2521 DAVIS CIR
City-St-Zip: SEBRING, FL 33870

Title: TD () Delete
Name: TIFT, LEONORA A
Address: 2504 DAVIS CIRCLE
City-St-Zip: SEBRING, FL 33870

Title: SD () Delete
Name: SCHAAD, SUE
Address: 2534 DAUSS CIR
City-St-Zip: SEBRING, FL 33870

Title: D () Delete
Name: GOUDIE, JACK
Address: 2528 DAVIS CIRCLE
City-St-Zip: SEBRING, FL 33870

Title: D () Delete
Name: BEGG, TEDD
Address: 2412 DAVIS CIRCLE
City-St-Zip: SEBRING, FL 33870

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:

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

Title: D (X) Change () Addition
Name: BAGNALL, JANE
Address: 2400 DAVIS CIRCLE
City-St-Zip: SEBRING, FL 33870

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

I hereby certify that the information supplied with this filing does not qualify 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: DEAN GRAHAM

PRES

03/17/2009

Electronic Signature of Signing Officer or Director

Date