


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

02-29-2008 90027039 ****61.25
SECRETARY OF STATE
DIVISION OF CORPORATIONS

DOCUMENT # N28900 1. Entity Name EDGEWATER COVE SECTION 3 ASSOCIATION, INC.	
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Principal Place of Business 2180 WEST SR 434, SUITE 5000 LONGWOOD, FL 32779-5044	Mailing Address 2180 WEST SR 434, SUITE 5000 LONGWOOD, FL 32779-5044
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2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
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City & State Zip Country	City & State Zip Country
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REINSTATEMENT

08 APR -1 AM 11:59
13 4/2/08

02-29-2008 90027039 6125

01182008 Chg-NP CR2E037 (12/06)

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

Name HOLMES BEACH PROPERTY MGMT, LLC	Applied For <input type="checkbox"/> Not Applicable
Street Address (P.O. Box Number is Not Acceptable) 6200 MANATEE AVE W STEG	4. FEI Number 65-0100494
City BRADENTON	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
State FL	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.
Zip Code 34209	SIGNATURE: <i>[Signature]</i> 2-25-08

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]* 2-25-08

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

Filing Fee is \$61.25 Due by May 1, 2008	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
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	PD BARTON, JOHN 1243 EDGEWATER CIRCLE BRADENTON, FL 34209	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	VPD SIMCHES, GABRIEL 1209 EDGEWATER CIR BRADENTON, FL 34209	<input checked="" type="checkbox"/> Delete	400122765374 04/09/08--01045--025 **175.00
TITLE	TD YANITY, JOYCE 1233 EDGEWATER CIR BRADENTON, FL 34209	<input type="checkbox"/> Delete	MGR TOM CONDRON 6200 MANATEE AVE W STEG BRADENTON FL 34209
TITLE	S POPE, BARBARA 1231 EDGEWATER CIR BRADENTON, FL 34209	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	D ANDREWS, THOMAS 1235 EDGEWATER CIR BRADENTON, FL 34209	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	D BROCKELMAN, BOB 1229 EDGEWATER CIR BRADENTON, FL 34209	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> 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: *[Signature]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #