## 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N28900

FILED Mar 21, 2009 Secretary of State

Entity Name: EDGEWATER COVE SECTION 3 ASSOCIATION, INC.

**Current Principal Place of Business: New Principal Place of Business:** 2180 WEST SR 434, SUITE 5000 1201-1243 EDGEWATER CIRCLE LONGWOOD, FL 327795044 BRADENTON, FL 34209 **Current Mailing Address: New Mailing Address:** 2180 WEST SR 434, SUITE 5000 P.O. BOX 1607 HOLMES BEACH, FL 34218 LONGWOOD, FL 327795044 FEI Number: 65-0100494 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( ) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: HOMES BEACH PROPERTY MANAGEMENT 6400 MANATEE AVENUE WEST SUITE G BRADENTON, FL 34209 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: TOM CONDRON 03/21/2009 Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Delete () Change () Addition BARTON, JOHN Name: Name: 1243 EDGEWATER CIRCLE Address: Address: City-St-Zip: BRADENTON, FL 34209 City-St-Zip: Title: MGR ( ) Delete Title: () Change () Addition CONDRON, TOM Name: Name: Address: 6400 MANATEE AVE WEST. STE G Address: City-St-Zip: BRADENTON, FL 34209 City-St-Zip: Title: () Delete Title: () Change () Addition YANITY, JOYCE Name: Name: Address: 1233 EDGEWATER CIR Address: City-St-Zip: BRADENTON, FL 34209 City-St-Zip: Title: (X) Delete Title: () Change () Addition Name: POPE, BARBARA Name: Address: 1231 EDGEWATER CIR Address: City-St-Zip: BRADENTON, FL 34209 City-St-Zip: Title: Title: () Delete () Change () Addition ANDREWS, THOMAS Name: Name: 1235 EGDEWATER CIR Address: Address: City-St-Zip: BRADENTON, FL 34209 City-St-Zip: Title: () Delete Title: (X) Change ( ) Addition BROCKELMAN, BOB BROCKELMAN, BOB Name: Name: Address: 1229 EDGEWATER CIR Address: 1229 EDGEWATER CIR BRADENTON, FL 34209 BRADENTON, FL 34209 City-St-Zip: 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: TOM CONDRON M 03/21/2009