

# 2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N28900

FILED  
Apr 02, 2010  
Secretary of State

**Entity Name:** EDGEWATER COVE SECTION 3 ASSOCIATION, INC.

**Current Principal Place of Business:**

1201-1243 EDGEWATER CIRCLE  
BRADENTON, FL 34209

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 1607  
HOLMES BEACH, FL 34218

**New Mailing Address:**

FEI Number: 65-0100494

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

HOMES BEACH PROPERTY MANAGEMENT  
6400 MANATEE AVENUE WEST  
SUITE G  
BRADENTON, FL 34209 US

**Name and Address of New Registered Agent:**

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**OFFICERS AND DIRECTORS:**

Title: P  
Name: BARTON, JOHN  
Address: 1243 EDGEWATER CIRCLE  
City-St-Zip: BRADENTON, FL 34209

Title: M  
Name: CONDRON, TOM  
Address: 6400 MANATEE AVE WEST, STE G  
City-St-Zip: BRADENTON, FL 34209

Title: T  
Name: YANITY, JOYCE  
Address: 1233 EDGEWATER CIR  
City-St-Zip: BRADENTON, FL 34209

Title: VP  
Name: ANDREWS, THOMAS  
Address: 1235 EGDEWATER CIR  
City-St-Zip: BRADENTON, FL 34209

Title: S  
Name: BROCKELMAN, BOB  
Address: 1229 EDGEWATER CIR  
City-St-Zip: BRADENTON, FL 34209

I hereby 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 all other like empowered.

SIGNATURE: TOM CONDRON

M

04/02/2010

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date