

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 19, 2007 8:00 am
Secretary of State

04-19-2007 90213 038 ****61.25

DOCUMENT # N29349

1. Entity Name

NATURE'S EDGE COMMUNITY ASSOCIATION, INC.



Principal Place of Business

Mailing Address

7079 TAMARIND DR
LAKE WALES FL 33898
US

P.O. BOX 435
WAVERLY FL 33877-0435
US



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2920829

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

1st MOORE

CR2E037 (10/06)

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

HANLON, MICHAEL
4185 ORCHID BLVD
LAKE WALES FL 33898-9610

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

Signature, typed or printed name of registered agent (not applicable)

(NOTE: Registered Agent signature required when reappointing)

DATE

FILE NOW: FEE IS \$61.25
Due By May 1, 2007

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	PD	<input checked="" type="checkbox"/> Delete
NAME	SCHNEIDER, JOSEPH	
STREET ADDRESS	4165 ORCHID BLVD	
CITY-STATE-ZIP	LAKE WALES FL 33898	
TITLE	V/D	<input type="checkbox"/> Delete
NAME	HANLON, MICHAEL	
STREET ADDRESS	4185 ORCHID BLVD	
CITY-STATE-ZIP	LAKE WALES FL 33898	
TITLE	S/D	<input checked="" type="checkbox"/> Delete
NAME	FAGNER, RONALD C	
STREET ADDRESS	7135 ALAMANDA BLVD W	
CITY-STATE-ZIP	LAKE WALES FL 33898	
TITLE	T/D	<input type="checkbox"/> Delete
NAME	BEHRENS, JUDITH A	
STREET ADDRESS	7040 TAMARIND DR	
CITY-STATE-ZIP	LAKE WALES FL 33898	
TITLE	D	<input type="checkbox"/> Delete
NAME	SERDES, E D	
STREET ADDRESS	4197 JACARANDA DR	
CITY-STATE-ZIP	LAKE WALES FL 33898	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		

TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HANLON, MICHAEL	
STREET ADDRESS	4185 ORCHID BLVD.	
CITY-STATE-ZIP	LAKE WALES, FL 33898	
TITLE	V/D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	TENNITY, FRANK	
STREET ADDRESS	4241 CAMELIA ST.	
CITY-STATE-ZIP	LAKE WALES, FL 33898	
TITLE	S/D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	COOK, BARBARA	
STREET ADDRESS	4247 GERANIUM ST	
CITY-STATE-ZIP	LAKE WALES, FL 33898	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: *Barbara Cook* BARBARA COOK

4/10/2007 863-438-9262

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #