

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N30233

FILED
Apr 23, 2009
Secretary of State

Entity Name: ASSOCIATION OF EDGEWATER LANDING OWNERS, INC.

Current Principal Place of Business:

601 HOMEPORT TERR.
EDGEWATER, FL 32141 US

New Principal Place of Business:

Current Mailing Address:

150 DUNDEE RD.
STE. A
DAYTONA BEACH SHORES, FL 32118 US

New Mailing Address:

FEI Number: 59-2939879 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

TJW MANAGEMENT CO. INC.
150 DUNDEE RD.
STE. A
DAYTONA BEACH SHORES, FL 32118 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: VP () Delete
Name: MILLER, BOB
Address: 709 STARBOARD AVE
City-St-Zip: EDGEWATER, FL 32141

Title: PD () Delete
Name: JAMES, ELIZABETH
Address: 805 NAVIGATORS WAY
City-St-Zip: EDGEWATER, FL 32141

Title: SD () Delete
Name: REHBAUM, SHARON
Address: 775 NAVIGATORS WAY
City-St-Zip: EDGEWATER, FL 32141

Title: TD () Delete
Name: HARVEY, HELEN
Address: 714 HELMSMAN LN
City-St-Zip: EDGEWATER, FL 32141

Title: SD () Delete
Name: SHIMANSKAS, CHARLES
Address: 763 NAVIGATORS WAY
City-St-Zip: EDGEWATER, FL 32141

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: SD (X) Change () Addition
Name: WALSH, LINDA
Address: 731 NAVIGATORS WAY
City-St-Zip: EDGEWATER, FL 32141

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

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

Title: TD (X) Change () Addition
Name: SULZBACH, ARDEN
Address: 750 NAVIGATORS WAY
City-St-Zip: EDGEWATER, FL 32141

Title: VPD (X) Change () Addition
Name: SHIMANSKAS, CHARLES
Address: 763 NAVIGATORS WAY
City-St-Zip: EDGEWATER, FL 32141

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: ELIZABETH JAMES

P

04/23/2009

Electronic Signature of Signing Officer or Director

Date