2008 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # N32371

1. Entity Name
EDGEWATER NORTH COMMERCE PARK PROPERTY
OWNERS ASSOCIATION, INC.

Principal Place of Business	Mailing Address
6701 EDGEWATER COMM. PKWY. ORLANDO, FL 32810 US	6701 EDGEWATER COMM. PKWY. ORLANDO, FL 32810 US

DO NOT WRITE IN THIS SPACE

03182008   No Chg-NP   CR2E037 (4/06)

4. FEI Number 59-2967892	Applied For
	Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

VICKERS, TIM K
6701 EDGEWATER COMMERCE PKWY.
ORLANDO, FL 32810

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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 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.   ☐   **$5.00** May Be Added to Fees

U000000866561
04/08/08-80034-008 61.25

10.   OFFICERS AND DIRECTORS

TITLE	VD
NAME	FOUST, ROBERT
STREET ADDRESS	6800 EDGEWATER COMMERCE PKWY
CITY-ST-ZIP	ORLANDO, FL 32810

TITLE	PD
NAME	WHITE, JAMES
STREET ADDRESS	6830 EDGEWATER COMMERCE PKWY.
CITY-ST-ZIP	ORLANDO, FL 32810

TITLE	STD
NAME	VICKERS, TIM K
STREET ADDRESS	6701 EDGEWATER COMMERCE PKWY.
CITY-ST-ZIP	ORLANDO, FL 32810

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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: Tim K. Vickers   3-18-08   407-297-7546

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