## 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N38476

Entity Name: EDGEWOOD ASSOCIATION, INC.

Apr 07, 2004 Secretary of State

**Current Principal Place of Business: New Principal Place of Business:** 98 WYNDEMERE WAY NAPLES, FL 34105 **Current Mailing Address: New Mailing Address:** 98 WYNDEMERE WAY NAPLES, FL 34105 US FEI Number: 65-0251143 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: FAUSNIGHT, MARY JO 98 WYNDEMERE WAY NAPLES, FL 34105 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.

## **OFFICERS AND DIRECTORS:**

SIGNATURE:

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Date

DPT ( ) Delete (X) Change ( ) Addition FERGUSON, SUSAN FERGUSON, SUSAN Name: Name: 238 EDGEMERE WAY EAST Address: 238 EDGEMERE WAY EAST Address: City-St-Zip: NAPLES, FL 34105 City-St-Zip: NAPLES, FL 34105 (X) Change ( ) Addition Title: ( ) Delete Title: Name: CROCKER, FRED Name: CROCKER, FRED Address: 272 EDGEMERE WAY E Address: 272 EDGEMERE WAY E City-St-Zip: NAPLES, FL 34105 City-St-Zip: NAPLES, FL 34105

Title: () Delete Title: DS (X) Change ( ) Addition

Electronic Signature of Registered Agent

MORTON, NANCY Name: ABRAHAM, ROBERT Name: 240 EDGEMERE WAY EAST 266 EDGEMERE WAY EAST Address: Address:

City-St-Zip: NAPLES, FL 34105 City-St-Zip: NAPLES, FL 34105

( ) Delete Title: Title: D ( ) Change (X) Addition Name:

BLOOM, ROD Name:

278 EDGEMERE WAY EAST Address: Address: City-St-Zip: City-St-Zip: NAPLES, FL 34105

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: FRED CROCKER DT 04/07/2004