


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 06, 2005 08:00 AM
Secretary of State

DOCUMENT # N38476 1. Entity Name EDGEWOOD ASSOCIATION, INC.	
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Principal Place of Business 98 WYNDEMERE WAY NAPLES, FL 34105 US	Mailing Address 98 WYNDEMERE WAY NAPLES, FL 34105 US
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DO NOT WRITE IN THIS SPACE



03302005 No Chg-NP CR2E037 (10/03)

4. FEI Number 65-0251143	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent FAUSNIGHT, MARY JO 98 WYNDEMERE WAY NAPLES, FL 34105	DO NOT WRITE IN THIS SPACE
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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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>	DATE _____
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Filing Fee is \$61.25 Due by May 1, 2005	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DP FERGUSON, SUSAN 238 EDGEEMERE WAY EAST NAPLES, FL 34105
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DVT CROCKER, FRED 272 EDGEEMERE WAY E NAPLES, FL 34105
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DS ABRAHAM, ROBERT 266 EDGEEMERE WAY EAST NAPLES, FL 34105
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D BLOOM, ROD 278 EDGEEMERE WAY EAST NAPLES, FL 34105
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

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04/06/05-80068-003 61.25

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12. I hereby certify that the information supplied with this filing does not qualify 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 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: <u>Susan Ferguson</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	PRESIDENT 4/1/05 (239) Date	649-4832 Daytime Phone #
SUSAN FERGUSON		