

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N38476

FILED  
Mar 26, 2009  
Secretary of State

Entity Name: EDGEWOOD ASSOCIATION, INC.

**Current Principal Place of Business:**

98 WYNDEMERE WAY  
NAPLES, FL 34105 US

**New Principal Place of Business:**

**Current Mailing Address:**

98 WYNDEMERE WAY  
NAPLES, FL 34105 US

**New Mailing Address:**

FEI Number: 65-0251143

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

FAUSNIGHT, MARY JO  
98 WYNDEMERE WAY  
NAPLES, FL 34105 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: PD ( ) Delete  
Name: FERRY, SCOTTIE  
Address: 268 EDGEMERE WAY EAST  
City-St-Zip: NAPLES, FL 34105 US

Title: VD ( ) Delete  
Name: KUCK, THOMAS  
Address: 244 EDGEMERE WAY EAST  
City-St-Zip: NAPLES, FL 34105 US

Title: STD ( ) Delete  
Name: ORONS, STAN  
Address: 280 EDGEMERE WAY EAST  
City-St-Zip: NAPLES, FL 34105 US

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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

Title: VD (X) Change ( ) Addition  
Name: SMITH, ROBERT  
Address: 272 EDGEMERE WAY EAST  
City-St-Zip: NAPLES, FL 34105 US

Title: STD (X) Change ( ) Addition  
Name: SEITZ, JAMES  
Address: 258 EDGEMERE WAY EAST  
City-St-Zip: NAPLES, FL 34105 US

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: SCOTTIE FERRY

PD

03/26/2009

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date