

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 14, 2008 08:00 AM
Secretary of State

DOCUMENT # N41631

1. Entity Name
EDISON PLACE PROPERTY OWNERS, INC.



Principal Place of Business
**315 SOUTH EDISON AVE.
TAMPA, FL 33606 US**

Mailing Address
**% MAXINE ROLLAND
3301 BAYSHORE BLVD #1506
TAMPA, FL 33629 US**



01062008 No Chg-NP CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FE# Number 59-3047497	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

**ROLLAND, MAXINE
UNIT 1506
3301 BAYSHORE BLVD
TAMPA, FL 33629**

**DO NOT WRITE
IN THIS SPACE**

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 *Maxine Rolland Office Manager* 1-8-2008
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

000000784295
01/16/08-80050-005 70.00

10. OFFICERS AND DIRECTORS

TITLE	1P
NAME	JOSIAS, BRIAN
STREET ADDRESS	315 S. EDISON AVE., UNIT 15
CITY-ST-ZIP	TAMPA, FL 33606
TITLE	VP/S
NAME	COWEN, ERIC
STREET ADDRESS	315 S. EDISON AVE., UNIT 3
CITY-ST-ZIP	TAMPA, FL 33606
TITLE	T
NAME	RATHINASAMY, DILIP
STREET ADDRESS	315 SOUTH EDISON PLACE UNIT 6
CITY-ST-ZIP	TAMPA, FL 33629
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Brian Josias

1/11/08
Date

813-227-8467
Daytime Phone #