2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N41631

FILED Jan 08, 2009 Secretary of State

Entity Name: EDISON PLACE PROPERTY OWNERS, INC. **Current Principal Place of Business: New Principal Place of Business:** 315 SOUTH EDISON AVE. TAMPA, FL 33606 **Current Mailing Address: New Mailing Address:** % MAXINE ROLLAND 3301 BAYSHORE BLVD #1506 TAMPA, FL 33629 US FEI Number: 59-3047497 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: ROLLAND, MAXINE UNIT 1506 3301 BAYSHORE BLVD TAMPA, FL 33629 US 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:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Change () Addition () Delete JOSIAS, BRIAN Name: Name: Address: 315 S. EDISON AVE., UNIT 15 Address: City-St-Zip: TAMPA, FL 33606 US City-St-Zip: Title: VP/S () Delete Title: () Change () Addition Name: COWEN, ERIC Name: Address: 315 S. EDISON AVE., UNIT 3 Address: City-St-Zip: TAMPA, FL 33606 US City-St-Zip: Title: () Delete Title: () Change () Addition RATHINASAMY, DILIP Name: Name: 315 SOUTH EDISON PLACE UNIT 6 Address: Address: City-St-Zip: TAMPA, FL 33629 City-St-Zip:

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: MAXINE ROLLAND MS 01/08/2009