2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 10, 2006 08:00 AM
Secretary of State

DOCUMENT # N95000005752

1. Entity Name
THE GREENS AT EDGEWATER CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business	Mailing Address
2806 EDGEWATER LN PALMETTO, FL 34221 US	1706 EDGEWATER LN PALMETTO, FL 34221 US

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01032006 No Chg-NP CR2E037 (11/05)

4. FEI Number
65-0638960
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

CAMPBELL, JOANNE
1617 EDGEWATER LN.
PALMETTO, FL 34221

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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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

000000281797
01/11/06-80070-014 61.25

Filing Fee is $61.25
Due by May 1, 2006

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	CZERKIES, ROGER
STREET ADDRESS	1620 EDGEWATER LN.
CITY-ST-ZIP	PALMETTO, FL 34221
TITLE	VP
NAME	CARTER, JOHNNY
STREET ADDRESS	2806 EDGEWATER LN.
CITY-ST-ZIP	PALMETTO, FL 34221
TITLE	TD
NAME	CORMICK, RUTH
STREET ADDRESS	1706 EDGEWATER LN
CITY-ST-ZIP	PALMETTO, FL 34221
TITLE	SD
NAME	CAMPBELL, JOANNE
STREET ADDRESS	1617 EDGEWATER LN
CITY-ST-ZIP	PALMETTO, FL 34221
TITLE	S
NAME	SPRINKLE, MARILYN
STREET ADDRESS	1704 EDGEWATER LN.
CITY-ST-ZIP	PALMETTO, FL 34221
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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: JoAnne Campbell Secy 1-7-06 941-721-8861
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #