

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 30, 2008 8:00 am
Secretary of State

01-30-2008 90022 017 ****61.25

DOCUMENT # N95000005752 1. Entity Name THE GREENS AT EDGEWATER CONDOMINIUM ASSOCIATION, INC.																																																																																																																																																																																					
Principal Place of Business 1617 EDGEWATER LANE PALMETTO, FL 34221 US			Mailing Address P.O. BOX 374 PALMETTO, FL 34221 US																																																																																																																																																																																		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address																																																																																																																																																																																			
Suite, Apt. #, etc.		Suite, Apt. #, etc.																																																																																																																																																																																			
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Zip	Country	Zip	Country	4. FEI Number 65-0638960																																																																																																																																																																																	
5. Certificate of Status Desired ☐				Applied For Not Applicable																																																																																																																																																																																	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent																																																																																																																																																																																	
CAMPBELL, JOANNE 1617 EDGEWATER LN. PALMETTO, FL 34221				Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code																																																																																																																																																																																	
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 re-registering)																																																																																																																																																																																					
Filing Fee is \$61.25 Due by May 1, 2008		9. Election Campaign Financing Trust Fund Contribution. ☐		\$5.00 May Be Added to Fees																																																																																																																																																																																	
Make check payable to Florida Department of State																																																																																																																																																																																					
10. OFFICERS AND DIRECTORS <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 15%;">TITLE</td> <td style="width: 15%;">P</td> <td style="width: 15%;">☐ Delete</td> <td style="width: 60%;">CZERKIES, ROGER</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> <td>1620 EDGEWATER LN.</td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> <td>PALMETTO, FL 34221</td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> <td></td> </tr> <tr> <td>TITLE</td> <td>VP</td> <td>☒ Delete</td> <td>CARTER, JOHNNY</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> <td>2806 EDGEWATER LN.</td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> <td>PALMETTO, FL 34221</td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> <td></td> </tr> <tr> <td>TITLE</td> <td>TD</td> <td>☐ Delete</td> <td>CORMICK, RUTH</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> <td>1706 EDGEWATER LN</td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> <td>PALMETTO, FL 34221</td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> <td></td> </tr> <tr> <td>TITLE</td> <td>SD</td> <td>☐ Delete</td> <td>CAMPBELL, JOANNE</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> <td>1617 EDGEWATER LN</td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> <td>PALMETTO, FL 34221</td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> <td></td> </tr> <tr> <td>TITLE</td> <td>S</td> <td>☒ Delete</td> <td>SPRINKLE, MARILYN</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> <td>1704 EDGEWATER LN.</td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> <td>PALMETTO, FL 34221</td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> <td></td> </tr> <tr> <td>TITLE</td> <td></td> <td>☐ Delete</td> <td></td> </tr> <tr> <td>NAME</td> <td></td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> <td></td> </tr> </table> 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 15%;">TITLE</td> <td style="width: 15%;">P</td> <td style="width: 15%;">☒ Change ☒ Addition</td> <td style="width: 60%;">Bob Cascella</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> <td>2707 Edgewater Court</td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> <td>Palmetto, FL 34221</td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> <td></td> </tr> <tr> <td>TITLE</td> <td></td> <td>☐ Change ☐ Addition</td> <td></td> </tr> <tr> <td>NAME</td> <td></td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> <td></td> </tr> <tr> <td>TITLE</td> <td></td> <td>☐ Change ☐ Addition</td> <td></td> </tr> <tr> <td>NAME</td> <td></td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> <td></td> </tr> <tr> <td>TITLE</td> <td></td> <td>☒ Change ☐ Addition</td> <td>Joe McAllister</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> <td>2612 Edgewater Ct.</td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> <td>Palmetto, FL 34221</td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> <td></td> </tr> <tr> <td>TITLE</td> <td></td> <td>☐ Change ☐ Addition</td> <td></td> </tr> <tr> <td>NAME</td> <td></td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> <td></td> </tr> </table>						TITLE	P	☐ Delete	CZERKIES, ROGER	NAME			1620 EDGEWATER LN.	STREET ADDRESS			PALMETTO, FL 34221	CITY-ST-ZIP				TITLE	VP	☒ Delete	CARTER, JOHNNY	NAME			2806 EDGEWATER LN.	STREET ADDRESS			PALMETTO, FL 34221	CITY-ST-ZIP				TITLE	TD	☐ Delete	CORMICK, RUTH	NAME			1706 EDGEWATER LN	STREET ADDRESS			PALMETTO, FL 34221	CITY-ST-ZIP				TITLE	SD	☐ Delete	CAMPBELL, JOANNE	NAME			1617 EDGEWATER LN	STREET ADDRESS			PALMETTO, FL 34221	CITY-ST-ZIP				TITLE	S	☒ Delete	SPRINKLE, MARILYN	NAME			1704 EDGEWATER LN.	STREET ADDRESS			PALMETTO, FL 34221	CITY-ST-ZIP				TITLE		☐ Delete		NAME				STREET ADDRESS				CITY-ST-ZIP				TITLE	P	☒ Change ☒ Addition	Bob Cascella	NAME			2707 Edgewater Court	STREET ADDRESS			Palmetto, FL 34221	CITY-ST-ZIP				TITLE		☐ Change ☐ Addition		NAME				STREET ADDRESS				CITY-ST-ZIP				TITLE		☐ Change ☐ Addition		NAME				STREET ADDRESS				CITY-ST-ZIP				TITLE		☒ Change ☐ Addition	Joe McAllister	NAME			2612 Edgewater Ct.	STREET ADDRESS			Palmetto, FL 34221	CITY-ST-ZIP				TITLE		☐ Change ☐ Addition		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: 1-28-08 94-721-8861																																																																																																																																																																																					
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