

2005 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT

FILED
Apr 13, 2005 8:00 am
Secretary of State

04-13-2005 90032 003 ****61.25

DOCUMENT # N97000000685					
1. Entity Name EDINBOROUGH HOMEOWNERS' ASSOCIATION, INC.					
Principal Place of Business 15207 LEITH WALK LANE TAMPA, FL 33618-1509 US			Mailing Address P.O. BOX 340956 TAMPA, FL 33618 US		
2. Principal Place of Business 15218 LEITH WALK LN.		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State Tampa FLA		City & State		4. FEI Number 59-3425713	
Zip 33618-1509		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent WADSWORTH, DONALD H 15207 LEITHWALK LANE TAMPA, FL 33618			7. Name and Address of New Registered Agent		
Name			Street Address (P.O. Box Number is Not Acceptable)		
City			Zip Code		
FL			FL		
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$61.25 Due by May 1, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State		Make check payable to Florida Department of State			
10. OFFICERS AND DIRECTORS					
TITLE STD NAME STRICKLAND, WILLIAM STREET ADDRESS 15209 LEITH WALK LANE CITY-ST-ZIP TAMPA, FL 33618	<input checked="" type="checkbox"/> Delete				
TITLE PD NAME STARNES, KEVIN STREET ADDRESS 15201 LEITH WALK LN CITY-ST-ZIP TAMPA, FL 33618	<input checked="" type="checkbox"/> Delete				
TITLE VD NAME LADD, DEREK STREET ADDRESS 15211 LEITH WALK LN CITY-ST-ZIP TAMPA, FL 33618	<input checked="" type="checkbox"/> Delete				
TITLE _____ NAME _____ STREET ADDRESS _____ CITY-ST-ZIP _____	<input type="checkbox"/> Delete				
TITLE _____ NAME _____ STREET ADDRESS _____ CITY-ST-ZIP _____	<input type="checkbox"/> Delete				
TITLE _____ NAME _____ STREET ADDRESS _____ CITY-ST-ZIP _____	<input type="checkbox"/> Delete				
11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10					
TITLE STD NAME GERALD HASARA STREET ADDRESS 15216 LEITH WALK LN CITY-ST-ZIP TAMPA, FLA 33618	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition				
TITLE PD NAME BOB BLAIR STREET ADDRESS 15218 LEITH WALK LN CITY-ST-ZIP TAMPA FLA 33618	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition				
TITLE VD NAME DICK FURLONG STREET ADDRESS 15220 LEITH WALK LN CITY-ST-ZIP TAMPA FLA 33618	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition				
TITLE _____ NAME _____ STREET ADDRESS _____ CITY-ST-ZIP _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
TITLE _____ NAME _____ STREET ADDRESS _____ CITY-ST-ZIP _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
TITLE _____ NAME _____ STREET ADDRESS _____ CITY-ST-ZIP _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: _____ <i>G.L. HASARA</i> 4/15/05 813-9610126 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					