
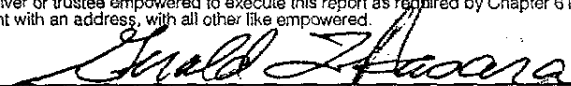


**2006 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**

**Apr 17, 2006 08:00 AM  
Secretary of State**

|  |                       |  |
|--|-----------------------|--|
| <b>DOCUMENT # N97000000685</b>   |                       |                                       |
| 1. Entity Name<br><b>EDINBOROUGH HOMEOWNERS' ASSOCIATION, INC.</b>   |                       |  |
| Principal Place of Business<br><b>15218 LEITH WALK LANE<br/>TAMPA, FL 33618-1509 US</b>  |                       | Mailing Address<br><b>P.O. BOX 340956<br/>TAMPA, FL 33618 US</b>   |
| <b>DO NOT WRITE IN THIS SPACE</b>  |                       |  |
|  |                       | 04112006 No Chg-NP CR2E037 (11/05)   |
|  |                       | 4. FEI Number<br><b>59-3425713</b>   |
|  |                       | 5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>                        |
| 6. Name and Address of Current Registered Agent<br><br><b>WADSWORTH, DONALD H<br/>15207 LEITHWALK LANE<br/>TAMPA, FL 33618</b>   |                       | <b>DO NOT WRITE<br/>IN THIS SPACE</b>  |
| 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 _____<br><small>Signature typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small> _____ DATE _____  |                       |  |
| <b>Filing Fee is \$61.25<br/>Due by May 1, 2006</b>  |                       | 9. Election Campaign Financing<br>Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b> |
| <b>10. OFFICERS AND DIRECTORS</b>  |                       |  |
| TITLE  | STD                   | <b>DO NOT WRITE<br/>IN THIS SPACE</b>  |
| NAME   | HASARA, GERALD        |  |
| STREET ADDRESS   | 15216 LEITHWALK LANE  |  |
| CITY- ST- ZIP  | TAMPA, FL 33618       |  |
| TITLE  | PD                    |  |
| NAME   | BLAIR, BOB            |  |
| STREET ADDRESS   | 15218 LEITH WALK LANE |  |
| CITY- ST- ZIP  | TAMPA, FL 33618       |  |
| TITLE  | VD                    |  |
| NAME   | FUELONG, DICK         |  |
| STREET ADDRESS   | 15220 LEITH WALK LANE |  |
| CITY- ST- ZIP  | TAMPA, FL 33618       |  |
| TITLE  |                       | <b>DO NOT WRITE<br/>IN THIS SPACE</b>  |
| NAME   |                       |  |
| STREET ADDRESS   |                       |  |
| CITY- ST- ZIP  |                       |  |
| TITLE  |                       | <b>DO NOT WRITE<br/>IN THIS SPACE</b>  |
| NAME   |                       |  |
| STREET ADDRESS   |                       |  |
| CITY- ST- ZIP  |                       |  |
| TITLE  |                       | <b>DO NOT WRITE<br/>IN THIS SPACE</b>  |
| NAME   |                       |  |
| STREET ADDRESS   |                       |  |
| CITY- ST- ZIP  |                       |  |
| 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   |                       | Date _____ Daytime Phone # _____   |

U00000514012  
04/29/06-80151-020 61.25