

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N97000000685

FILED  
Mar 03, 2009  
Secretary of State

**Entity Name:** EDINBOROUGH HOMEOWNERS' ASSOCIATION, INC.

**Current Principal Place of Business:**

15218 LEITH WALK LANE  
TAMPA, FL 336181509 US

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 340956  
TAMPA, FL 33618 US

**New Mailing Address:**

**FEI Number:** 59-3425713

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

BLAIR, BOB  
15218 LEITHWALK LANE  
TAMPA, FL 33618 US

**Name and Address of New Registered Agent:**

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:**

Title: STD ( ) Delete  
Name: HASARA, GERALD  
Address: 15216 LEITHWALK LANE  
City-St-Zip: TAMPA, FL 33618

Title: PD ( ) Delete  
Name: BLAIR, BOB  
Address: 15218 LEITH WALK LANE  
City-St-Zip: TAMPA, FL 33618

Title: VD ( ) Delete  
Name: FURLONG, DICK  
Address: 15220 LEITH WALK LANE  
City-St-Zip: TAMPA, FL 33618

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: VD (X) Change ( ) Addition  
Name: GATENBY, ABBY  
Address: 15203 LEITH WALK LANE  
City-St-Zip: TAMPA, FL 33618

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: GERALD L. HASARA

STD

03/03/2009

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date