


# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 25, 2006 8:00 am**  
**Secretary of State**

01-25-2006 90023 010 \*\*\*\*61.25

<b>DOCUMENT # N97000001525</b>	
1. Entity Name <b>EDGEWOOD GLEN HOMEOWNER'S ASSOCIATION, INC.</b>	

Principal Place of Business <b>2583 SOUTHERN COURT MELBOURNE, FL 32901</b>	Mailing Address <b>2583 SOUTHERN COURT MELBOURNE, FL 32901</b>
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2. Principal Place of Business <b>2572 SOUTHERN CT</b> Suite, Apt. #, etc.	3. Mailing Address <b>2572 SOUTHERN CT</b> Suite, Apt. #, etc.
City & State <b>MELBOURNE FL</b> Zip <b>32901</b> Country	City & State <b>MELBOURNE FL</b> Zip <b>32901</b> Country



01052006 Chg-NP CR2E037 (11/05)

4. FEI Number <b>59-3434964</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent <b>GARNER, LESTER 2583 SOUTHERN COURT MELBOURNE, FL 32901</b>	7. Name and Address of New Registered Agent Name <b>REINERT, ROBERT</b> Street Address (P.O. Box Number is Not Acceptable) <b>2572 SOUTHERN CT</b> City <b>MELBOURNE FL</b> Zip Code <b>32901</b>
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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) DATE

<b>Filing Fee is \$61.25 Due by May 1, 2006</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	<b>Make check payable to Florida Department of State</b>
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS MCCLUNE, ELLEN 2552 SOUTHERN COURT MELBOURNE, FL 32901 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS WELSH, COOKIE 2512 SOUTHERN CT. MELBOURNE, FL 32901 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition DIRECTOR; SECRETARY
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV CARROLL, JAMES 2563 SOUTHERN COURT MELBOURNE, FL 32901 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	(SAME) <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT GARNER, LESTER 2583 SOUTHERN COURT MELBOURNE, FL 32901 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D AMBROSE, RUSS 2562 SOUTHERN CT. MELBOURNE, FL 32901 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition DIRECTOR
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D REINERT, ROBERT 2572 SOUTHERN COURT MELBOURNE, FL 32901 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT REINERT, ROBERT 2572 SOUTHERN CT. MELBOURNE, FL 32901 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition DIRECTOR; TREASURER
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD WELSH, WAYNE 2512 SOUTHERN COURT MELBOURNE, FL 32901 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	(SAME) <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	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 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:**  **ROBERT C REINERT** **1-22-2006** **321-724-0422**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #