

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N97000005474

FILED  
Apr 16, 2007  
Secretary of State

**Entity Name:** EDGEWATER III AT PELICAN SOUND CONDOMINIUM ASSOCIATION, INC.

**Current Principal Place of Business:**

PELICAN SOUND DRIVE  
ESTERO, FL 33928

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 9709  
NAPLES, FL 34101

**New Mailing Address:**

COLLIER FINANCIAL, INC.  
4985 TAMiami TRAIL E.  
NAPLES, FL 34113

**FEI Number:** 65-0786330

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

EAGLE PROPERTY MANAGEMENT OF SW FL, INC.  
1337 EGRETS LANDING #102  
NAPLES, FL 34108 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: SULLIVAN, JEREMIAH  
Address: 21491 PELICAN SND. DR. #102  
City-St-Zip: ESTERO, FL 33928

Title: DV ( ) Delete  
Name: TOWNSEND, DOUG  
Address: 21481 PELICAN SOUND DR 103  
City-St-Zip: ESTERO, FL 33928

Title: DP ( ) Delete  
Name: MANOS, PETER  
Address: 21461 PELICAN SOUND #103  
City-St-Zip: ESTERO, FL 33928

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

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

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

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

I hereby certify that the information supplied with this filing does not qualify for the 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: PETER MANOS

PD

04/16/2007

Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date