

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N99000001973

FILED
Apr 19, 2007
Secretary of State

Entity Name: EDGEWOOD TERRACE SUBDIVISION OWNERS' ASSOCIATION, INC.

Current Principal Place of Business:

120 EDGEWOOD TERRACE
SANTA ROSA BEACH, FL 32549

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 1024
SANTA ROSA BEACH, FL 32459

New Mailing Address:

P.O. BOX 4703
SANTA ROSA BEACH, FL 32459 US

FEI Number: 59-2998089

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MCGILL, ROBERT E III
36008 EMERALD COAST PARKWAY STE. 301
DESTIN, FL 32541 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: P () Delete
Name: KENNEDY, BEN P
Address: 105 EDGEWOOD TERR.
City-St-Zip: SANTA ROSA BEACH, FL 32459

Title: T () Delete
Name: GEISHECKER, PATRICIA T
Address: 119 EDGEWOOD TERRACE
City-St-Zip: SANTA ROSA BEACH, FL 32459

Title: VP/S () Delete
Name: MCCOY, JILL VP/S
Address: 177 EDGEWOOD TERRACE
City-St-Zip: SANTA ROSA BEACH, FL 32459

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: T (X) Change () Addition
Name: MONK, BETH
Address: 154 EDGEWOOD TERRACE
City-St-Zip: SANTA ROSA BEACH, FL 32459

Title: S (X) Change () Addition
Name: MCCOY, JILL
Address: 294 EDGEWOOD TERRACE
City-St-Zip: SANTA ROSA BEACH, FL 32459

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: WALTER R PRITCHETT

MGR

04/19/2007

Electronic Signature of Signing Officer or Director

Date