2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 28, 2009
Secretary of State

DOCUMENT# N99000002439

Entity Name: EDISON PARK NEIGHBORHOOD ASSOCIATION, INC.

Current Principal Place of Business:

1656 LLEWELLYN DR
FORT MYERS, FL 33901 US

New Principal Place of Business:

Current Mailing Address:

1656 LLEWELLYN DR
FORT MYERS, FL 33901 US

New Mailing Address:

FEI Number: 65-0991391 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

DINGEE, GAIL
1656 LLEWELLYN DR
FORT MYERS, FL 33901 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: PRE ( ) Delete
Name: BOCHETTE, LISTON
Address: 1632 LLEWELLYN DR
City-St-Zip: FORT MYERS, FL 33901

Title: VP ( ) Delete
Name: DARNELL, JAMES
Address: 1668 MENLO ROAD
City-St-Zip: FORT MYERS, FL 33901

Title: TRES ( ) Delete
Name: DINGEE, GAIL
Address: 1656 LLEWELYN DR
City-St-Zip: FORT MYERS, FL 33901

Title: D ( ) Delete
Name: WINTHROW, ANNA
Address: 2548 COLUMBUS
City-St-Zip: FORT MYERS, FL 33901

Title: D ( ) Delete
Name: RYAN, JOYCE
Address: 1751 WOODLAWN AVE
City-St-Zip: FORT MYERS, FL 33901

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:

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 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: GAIL DINGEE TRES 03/28/2009

Electronic Signature of Signing Officer or Director Date