

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N99000004121

FILED
Apr 16, 2009
Secretary of State

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

Current Principal Place of Business:

PELICAN SOUND DR
ESTERO, FL 33928

New Principal Place of Business:

Current Mailing Address:

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

New Mailing Address:

FEI Number: 59-3609715

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HART, STEPHEN P
4985 EAST TAMiami TRAIL
NAPLES, FL 34113 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: PD () Delete
Name: ASHE, ROBERT
Address: 21561 PELICAN SOUND DR # 201
City-St-Zip: ESTERO, FL 33928

Title: STD () Delete
Name: FINNERTY, JOHN
Address: 21551 PELICAN SOUND DR # 203
City-St-Zip: ESTERO, FL 33928

Title: VD () Delete
Name: RYLANDER, THOMAS
Address: 2154-1 PELICAN SOUND DR # 102
City-St-Zip: ESTERO, FL 33928

Title: D () Delete
Name: FAITH, RONALD
Address: 21541 PELICAN SOUND DR # 101
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:

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: ROBERT ASHE

PD

04/16/2009

Electronic Signature of Signing Officer or Director

Date