

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P98000045395

FILED
Apr 18, 2006
Secretary of State

Entity Name: EDGEWATERS ON NORTH REDINGTON BEACH, INC.

Current Principal Place of Business:

16609 GULF BLVD
N REDINGTON BEACH, FL 33708

New Principal Place of Business:

Current Mailing Address:

16609 GULF BLVD
N REDINGTON BEACH, FL 33708

New Mailing Address:

FEI Number: 59-3522032 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ARPS, PETER D
16609 GULF BLVD
N REDINGTON BEACH, FL 33708 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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: ARPS, PETER
Address: 16609 GULF BLVD
City-St-Zip: N REDINGTON BEACH, FL 33708

Title: D () Delete
Name: BOURGEOIS, MARGARET
Address: 7 PARK CIRCLE
City-St-Zip: N REDINGTON BEACH, FL 33708

Title: D () Delete
Name: ARPS, PAUL
Address: 222 176TH TERRACE DRIVE EAST
City-St-Zip: REDINGTON SHORES, FL 33708

Title: D () Delete
Name: KELLER, MARY
Address: W158N10796 CATSKILL LANE
City-St-Zip: GERMANTOWN, WI 53022

Title: D () Delete
Name: ARPS, MARK
Address: 2444 LEYLAND TRAIL
City-St-Zip: WOODBURY, MN 55125

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: D (X) Change () Addition
Name: ARPS, MARK
Address: 620 MAIN STREET N., APT. 124
City-St-Zip: STILLWATER, MN 55082

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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: PETER D. ARPS

D

04/18/2006

Electronic Signature of Signing Officer or Director

_____ Date