

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

19965-196

B-6356-C

DOCUMENT # 707048 (5)

1. Corporation Name

73 EDGEWATER DRIVE CONDOMINIUM INC



Principal Place of Business

Mailing Address

73 EDGEWATER DRIVE
ATTN: ARLENE MORETZ
CORAL GABLES FL 33133

73 EDGEWATER DRIVE # 2
ATTN: ARLENE MORETZ
CORAL GABLES FL 33133

3. Date Incorporated or Qualified
03/25/1964

3a. Date of Last Report
12/04/1995

2. Principal Place of Business

2a. Mailing Address

21 Same

26 Same

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 # 2

27 # 2

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

4. FEI Number
65-0267752

Applied For
Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution

\$5.00 May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

MORETZ, ARLENE
73 EDGEWATER DR
#2
CORAL GABLES FL 33133

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 Change Addition

TITLE PD
NAME BANKO, CONNIE
STREET ADDRESS 73 EDGEWATER DR. #4
CITY-ST-ZIP CORAL GABLES FL 33133

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

TITLE STD
NAME MORETZ, ARLENE
STREET ADDRESS 73 EDGEWATER DR. #2
CITY-ST-ZIP CORAL GABLES FL 33133

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

TITLE VPD
NAME RIVERA, LESLIE
STREET ADDRESS 73 EDGEWATER DR. #4
CITY-ST-ZIP CORAL GABLES FL 33133

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE VPD
NAME VALENTA, VIRGINIA
STREET ADDRESS 3401 N COUNTRY CLUB DR. #803
CITY-ST-ZIP AVENTURA FL 33180

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my 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 in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Arlene Moretz
ARLENE MORETZ

5/6/96
Date

305-347-6715
Daytime Phone #

CR2E037 (12/95)