

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 707048

FILED  
Jan 07, 2009  
Secretary of State

Entity Name: 73 EDGEWATER DRIVE CONDOMINIUM INC

**Current Principal Place of Business:**

73 EDGEWATER DRIVE  
SUITE 2  
MIAMI, FL 33133 US

**New Principal Place of Business:**

**Current Mailing Address:**

73 EDGEWATER DRIVE  
SUITE 2  
CORAL GABLES, FL 33133 US

**New Mailing Address:**

FEI Number: 65-0267752      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

MORETZ, ARLENE  
73 EDGEWATER DR  
#2  
CORAL GABLES, FL 33133 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: BANKO, CONNIE  
Address: 73 EDGEWATER DR. #4  
City-St-Zip: CORAL GABLES, FL 33133

Title: T ( ) Delete  
Name: MORETZ, ARLENE  
Address: 73 EDGEWATER DR. #2  
City-St-Zip: CORAL GABLES, FL 33133

Title: S ( ) Delete  
Name: RIVERA, LESLIE  
Address: 73 EDGEWATER DR. #4  
City-St-Zip: CORAL CABLES, FL 33133

Title: VPD ( ) Delete  
Name: VALENTA, VIRGINIA  
Address: 3401 N COUNTRY CLUB DR. #803  
City-St-Zip: AVENTURA, FL 33180

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: PD (X) Change ( ) Addition  
Name: BANKO, CONNIE  
Address: 73 EDGEWATER DR. #4  
City-St-Zip: CORAL GABLES, FL 33133

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

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

Title: VPD (X) Change ( ) Addition  
Name: VALENTA, VIRGINIA  
Address: 73 EDGEWATER DR #3  
City-St-Zip: CORAL GABLES, FL 33180

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: ARLENE MORETZ

T

01/07/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date