

**2016 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 812476

**Entity Name:** THE EDGEWATER ARMS, INC.**Current Principal Place of Business:**3600 GALT OCEAN DRIVE  
FT LAUDERDALE, FL 33308**Current Mailing Address:**2319 N ANDREWS AVENUE  
FT LAUDERDALE, FL 33311 US**FEI Number:** 59-0861857**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**ROYALE MANAGEMENT SERVICES INC  
2319 N ANDREWS AVENUE  
FT LAUDERDALE, FL 33311 US*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:** STEVEN J WEIL

03/17/2016

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title            PRESIDENT  
Name            ADAMS, ROBERT  
Address        3600 GALT OCEAN DRIVE  
                  9D  
City-State-Zip: FT LAUDERDALE FL 33308

Title            TREASURER  
Name            GRIFFIS, BARBARA  
Address        3600 GALT OCEAN DRIVE  
                  12F  
City-State-Zip: FT LAUDERDALE FL 33308

Title            DIRECTOR  
Name            CORMIER, MICHAEL  
Address        3600 GALT OCEAN DRIVE  
                  2C  
City-State-Zip: FORT LAUDERDALE FL 33308

Title            DIRECTOR  
Name            CADIEUX, JEAN-CLAUDE  
Address        3600 GALT OCEAN DRIVE  
                  3F  
City-State-Zip: FORT LAUDERDALE FL 33308

Title            DIRECTOR  
Name            BLANCHARD, CAROLLE ANNE  
Address        3600 GALT OCEAN DRIVE  
                  3C  
City-State-Zip: FORT LAUDERDALE FL 33308

Title            SECRETARY  
Name            ADAMS, ANNMARIE  
Address        3600 GALT OCEAN DRIVE  
                  9D  
City-State-Zip: FT LAUDERDALE FL 33308

Title            VICE PRESIDENT  
Name            CZWAKA, JOSEPH  
Address        3600 GALT OCEAN DRIVE  
                  5D  
City-State-Zip: FT LAUDERDALE FL 33308

Title            DIRECTOR  
Name            TULOWITZKI, DAVID  
Address        3600 GALT OCEAN DRIVE  
                  1D  
City-State-Zip: FORT LAUDERDALE FL 33308

*I hereby 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 all other like empowered.*

**SIGNATURE:** ROBERT ADAMS**PRESIDENT**

03/17/2016

Electronic Signature of Signing Officer/Director Detail

Date