FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT 1995

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

FILED
95 JAN 25 PM 1:32
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE.

DOCUMENT # 218129 (5)

1. Corporation Name
EDGEWATER APARTMENTS CORPORATION

Principal Place of Business
9821 E. BAY HAROBR DR.
MIAMI BCH FL 33154

Mailing Address
9821 E. BAY HAROBR DR.
MIAMI BCH FL 33154

3. Date Incorporated or Qualified: 12/12/1958
3a. Date of Last Report: 04/26/1994
4. FEI Number: 59-0828724 ☐ Applied For ☐ Not Applicable

2. Principal Place of Business
21 9821 E Bay Harbor Dr
Suite, Apt. #, etc.
22
City & State
23 Bay Harbor Islands Fl
24 Zip 33154
25 Country Dade

2a. Mailing Address
26 9821 E Bay Harbor Drive
Suite, Apt. #, etc.
27
City & State
28 Bay Harbor Islands Fl
29 Zip 33154
30 Country Dade

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
IRENE TOBIN
9821 E BAY HARBOR DRIVE
BAY HARBOR ISL. FL 33154

10. Name and Address of New Registered Agent
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 607.0502 and 607.1508, 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 607.0505, 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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	1.1 TITLE	☐ Change ☐ Addition
NAME	KREZ, SUSAN S	1.2 NAME	
STREET ADDRESS	9821 E. BAY HARBOR DR	1.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI BCH FL	1.4 CITY-ST-ZIP	
TITLE	D	2.1 TITLE	☐ Change ☐ Addition
NAME	LANE, EDWARD D	2.2 NAME	
STREET ADDRESS	9821 E. BAY HARBOR DR	2.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI BCH FL	2.4 CITY-ST-ZIP	
TITLE	D	3.1 TITLE	☐ Change ☐ Addition
NAME	OMARA, JOSEPHH	3.2 NAME	
STREET ADDRESS	9821 E. BAY HARBOR DR	3.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI BCH FL	3.4 CITY-ST-ZIP	
TITLE	D	4.1 TITLE	D ☒ Change ☐ Addition
NAME	LUND, RICHARD	4.2 NAME	Marjorie Payette, Estate
STREET ADDRESS	9821 E. BAY HARBOR DR	4.3 STREET ADDRESS	9821 E Bay Harbor Drive
CITY-ST-ZIP	MIAMI BCH FL	4.4 CITY-ST-ZIP	Bay Harbor Islands Fl 33154
TITLE	P	5.1 TITLE	☐ Change ☐ Addition
NAME	TOBIN, IRENE M.	5.2 NAME	
STREET ADDRESS	9821 E. BAY HARBOR DR.	5.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI BEACH FL	5.4 CITY-ST-ZIP	
TITLE	S	6.1 TITLE	☐ Change ☐ Addition
NAME	MACHETTE, ROBERTA	6.2 NAME	
STREET ADDRESS	9821 E BAY HARBOR DR	6.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI BEACH FL	6.4 CITY-ST-ZIP	

X

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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: X Irene M. Tobin X 1/19/95
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

0163813 CP