

2000 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # 218129**

1. Entity Name

EDGEWATER APARTMENTS CORPORATION**FILED**
Jan 18, 2000 8:00 am
Secretary of State

01-18-2000 90019 008 ***150.00

Principal Place of Business

Mailing Address

9821 E. BAY HARBOUR DR.
BAY HARBOR ISLANDS FL 33154
US9821 E. BAY HARBOUR DR.
BAY HARBOR ISLANDS FL 33154
US

C0003893



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-0828724**Applied For
Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

Name

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

City

FL Zip Code

8. 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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back) ☐**FILE NOW!!! FEE IS \$150.00**
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State10. Election Campaign Financing
Trust Fund Contribution. ☐**\$5.00 May Be
Added to Fees**

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

| TITLE | NAME | STREET ADDRESS | CITY-ST-ZIP | TITLE | NAME | STREET ADDRESS | CITY-ST-ZIP |
|-------|------|-------------------|--|-------|------|----------------|-------------|
| | D | KREZ, SUSAN S | 9821 E. BAY HARBOR DR MIAMI BCH FL | | | | |
| | D | LANE, EDWARD D | 9821 E. BAY HARBOR DR MIAMI BCH FL | | | | |
| | D | OMARA, JOSEPH H | 9821 E. BAY HARBOR DR MIAMI BCH FL | | | | |
| | P | TOBIN, IRENE M. | 9821 E. BAY HARBOR DR. MIAMI BEACH FL | | | | |
| | S | MACHETTE, ROBERTA | 9821 E BAY HARBOR DR MIAMI BEACH FL | | | | |
| | | | | | | | |
| | | | | | | | |

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #