


2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 21, 2005 8:00 am
Secretary of State

02-21-2005 90086 028 ***150.00

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| DOCUMENT # 218129 | |  | |
| 1. Entity Name EDGEWATER APARTMENTS CORPORATION | | | |
| Principal Place of Business 9821 E. BAY HAROB DR. BAY HARBOR ISLANDS FL 33154 US | | Mailing Address P.O. BOX 546852 % LEE MACHETTE SURFSIDE FL 33154 US | |
| 2. Principal Place of Business | | 3. Mailing Address 6206 N. 27th St | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | |
| City & State | | City & State ArLington, Va. | |
| Zip | Country | Zip | Country |
| 22207 | U.S.A. | 22207 | U.S.A. |
| 6. Name and Address of Current Registered Agent LANKLER, ALEXANDER M. 88 W RIVERSIDE DR JUPITER FL 33469 | | 7. Name and Address of New Registered Agent 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. I am familiar with, and accept the obligations of registered agent. | | | |
| SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____ | | | |
| FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee Will Be \$550.00 Make Check Payable to Florida Department of State | | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees | |
| 10. OFFICERS AND DIRECTORS | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | P LANKLER, ALEXANDER M 88 W. RIVERSIDE DRIVE JUPITER FL 33469 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | ST MACHETTE, ROBERTA 6206 N. 27TH ST ARLINGTON VA 22207 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VP COSTIEU, JEANETTE 9821 E. HARBOR DRIVE, #5 BAY HARBOR ISLANDS FL 33154 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | jeanette Costeiu, Jeanette <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D O'HARA, JOSEPH P.O. BOX 77 DEVON PA 19333 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | O'Mara, Joseph <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D FRISHGESELL, HENRIK 9821- E. BAY HARBOR DRIVE, #4 BAY HARBOR ISLANDS FL 33154 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | Frischgeisell, Henrik <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Roberta Lee Machette **2-7-05 1035345269**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR **Roberta Lee Machette**