


# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 11, 2007 08:00 AM**  
**Secretary of State**

DOCUMENT # 218129 1. Entity Name EDGEWATER APARTMENTS CORPORATION	
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Principal Place of Business 9821 E. BAY HARBOUR DR. BAY HARBOR ISLANDS, FL 33154 US	Mailing Address 6206 N. 27TH ST ARLINGTON, VA 22207 US
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**DO NOT WRITE IN THIS SPACE**



01042007 No Chg-P CR2E034 (11/05)

4. FEI Number 59-0828724	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent  LANKLER, ALEXANDER M 88 W RIVERSIDE DR JUPITER, FL 33469
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**DO NOT WRITE IN THIS SPACE**

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 \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2007 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P LANKLER, ALEXANDER M 88 W. RIVERSIDE DRIVE JUPITER, FL 33469
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST MACHETTE, ROBERTA 6206 N. 27TH ST ARLINGTON, VA 22207
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP COSTEIU, JEANETTE 9821 E. HARBOR DRIVE, #5 BAY HARBOR ISLANDS, FL 33154
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D O'MARA, JOSEPH P.O. BOX 77 DEVON, PA 19333
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FRISCHQESSELL, HENRIK 9821- E. BAY HARBOR DRIVE, #4 BAY HARBOR ISLANDS, FL 33154
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

1100000583702  
01/12/07-80006-018 158.75

**DO NOT WRITE IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: <i>Roberta Lee Machette</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	1-8-07 <small>Date</small>	7035345204 <small>Daytime Phone #</small>
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