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May 01 1997 8:00am
Secretary of State

**PROFIT
CORPORATION
ANNUAL REPORT
1997**



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

DOCUMENT # 301242 (4)
1. Corporation Name
THE EDGEWATER HOUSE CORPORATION

Principal Place of Business Mailing Address
2720 SOUTH COUNTY RD 2720 SOUTH COUNTY RD
PALM BEACH FL 33480 PALM BEACH FL 33480

3. Date Incorporated or Qualified **01/26/1973** 3a. Date of Last Report **04/02/1996**
4. FEI Number **59-1163184** Applied For
Not Applicable
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

2. Principal Place of Business 2a. Mailing Address
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.
22 City & State 27 City & State
23 Zip 28 Zip Country 29 Zip Country
24 25 29 30

BEAL, ESTELLE
2720 S. OCEAN BLVD.
PALM BEACH FL 33480

10. Name and Address of New Registered Agent
81 Name **MARY S HOPKINS, CPA**
82 Street Address (P.O. Box Number is Not Acceptable)
784 US HIGHWAY 1, SUITE 11
83
84 City **NORTH PALM BEACH** FL 85 Zip Code **33408**

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 **MARY S. HOPKINS, CPA** *Mary Hopkins* **4-23-97**
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS
TITLE NAME ☐ DELETE
P
COHEN, SHIRLEY
2720 SOUTH OCEAN BLVD
PALM BCH, FL 00000
CITY - ST - ZIP
VP ☐ DELETE
RAPAPORT, MORRIS
2720 SOUTH COUNTY RD
PALM BCH, FL 00000
CITY - ST - ZIP
T ☐ DELETE
BOCK, MURRAY
2720 S OCEAN BLVD
PALM BEACH FL
CITY - ST - ZIP
S D ☐ DELETE
ROSEN, BERNICE
2720 SOUTH OCEAN BLVD
PALM BEACH FL
CITY - ST - ZIP
D ☐ DELETE
ADLER, RENEE
2720 SOUTH OCEAN BLVD
PALM BCH FL
CITY - ST - ZIP
S G Patricia Drumney ☐ DELETE
ADLER, RENEE
2720 SOUTH OCEAN BLVD
PALM BCH FL
CITY - ST - ZIP
D ☐ DELETE
ADLER, RENEE
2720 SOUTH OCEAN BLVD
PALM BCH FL
CITY - ST - ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY - ST - ZIP
2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY - ST - ZIP
3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY - ST - ZIP
4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY - ST - ZIP
5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY - ST - ZIP
6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY - ST - ZIP

14. I do 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 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: **SIGNATURE REQUIRED** *Shirley Cohen*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR, Date Daytime Phone #

CR2E034 (9/96)