

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 18, 2004 8:00 am
Secretary of State

03-18-2004 90006 020 ***150.00

DOCUMENT # 301242

1. Entity Name

THE EDGEWATER HOUSE CORPORATION



Principal Place of Business

2720 SOUTH OCEAN BLVD
PALM BEACH FL 33480

Mailing Address

2720 SOUTH OCEAN BLVD
PALM BEACH FL 33480

54013101



MOORE CR2E034 (11/03)

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number 59-1163184

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

SHIR, GUY M ESQ
500 AUSTRALIAN AVENUE SOUTH, 9TH FLOOR
WEST PALM BEACH FL 33401

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2004 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE T
NAME PERLMAN, RHODA
STREET ADDRESS 2720 S OCEAN BLVD APT 220
CITY-ST-ZIP PALM BEACH FL 33480 ☒ Delete

TITLE S
NAME MASON, RONI
STREET ADDRESS 140 FISHER RD
CITY-ST-ZIP MAHWAH NJ 07430 ☒ Delete

TITLE P
NAME WILL, KATHLEEN
STREET ADDRESS 2720 S OCEAN BLVD APT 113
CITY-ST-ZIP PALM BEACH FL 33480 ☒ Delete

TITLE VP
NAME GRAEFE, PETER
STREET ADDRESS 2720 S OCEAN BLVD APT 117
CITY-ST-ZIP PALM BEACH FL 33480 ☒ Delete

TITLE AL
NAME RAPOPORT, BLANCHE
STREET ADDRESS 2720 S OCEAN BLVD APT 322
CITY-ST-ZIP PALM BEACH FL 33480 ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☒ Delete

TITLE KIMBERLY JOHNSTON
NAME
STREET ADDRESS 2720 S. OCEAN BLVD
CITY-ST-ZIP PALM BEACH FL 33480 APT 325 ☒ Change ☐ Addition

TITLE J
NAME JOSEPH GIORDANO
STREET ADDRESS 2720 S. OCEAN BLVD
CITY-ST-ZIP PALM BEACH FL 33480 APT 224 ☒ Change ☐ Addition

TITLE S
NAME MARVIN Weisenfeld
STREET ADDRESS 2720 S. OCEAN BLVD
CITY-ST-ZIP PALM BEACH FL 33480 APT 118 ☒ Change ☐ Addition

TITLE T.
NAME GRACE Lee
STREET ADDRESS 2720 S. OCEAN BLVD
CITY-ST-ZIP PALM BEACH FL 33480 APT 116 ☒ Change ☐ Addition

TITLE AL
NAME ARNOLD Wechter
STREET ADDRESS 2720 S. OCEAN BLVD
CITY-ST-ZIP PALM BEACH FL 33480 APT 121 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ 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:

MARVIN Weisenfeld
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/26/04
Date

561-586 8928
Daytime Phone #