


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 03, 2008 8:00 am
Secretary of State

03-03-2008 90202 024 ***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
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2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country



02152008 Chg-P CR2E034 (12/06)

4. FEI Number 59-1163184	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent	
MOLLENGARDEN, PETER C ESQ BECKER & POLLAROTT, PA 625 N FLAGLER DRIVE, 7TH FLOOR WEST PALM BEACH, FL 33401	

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 _____	Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)	DATE _____
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FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE	P <input checked="" type="checkbox"/> Delete
NAME	PERSON, MARY
STREET ADDRESS	2720 S OCEAN BLVD APT 216
CITY-ST-ZIP	PALM BEACH, FL 33480
TITLE	VP <input type="checkbox"/> Delete
NAME	WEISENFELD, MARVIN
STREET ADDRESS	2720 S OCEAN BLVD, APT 118
CITY-ST-ZIP	PALM BEACH, FL 33480
TITLE	VP <input type="checkbox"/> Delete
NAME	WILL, KATHY
STREET ADDRESS	2720 S OCEAN BLVD APT 113
CITY-ST-ZIP	PALM BEACH, FL 33480
TITLE	VP <input type="checkbox"/> Delete
NAME	WECHTER, ARNOLD
STREET ADDRESS	2720 S OCEAN BLVD APT 121
CITY-ST-ZIP	PALM BEACH, FL 33480
TITLE	BM <input checked="" type="checkbox"/> Delete
NAME	KRAFT, MEL
STREET ADDRESS	2720 S. OCEAN BLVD., APT 124
CITY-ST-ZIP	PALM BEACH, FL 33480
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	S <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	CAROL EDDER
STREET ADDRESS	2720 S. OCEAN BLVD. APT 114
CITY-ST-ZIP	PALM BEACH, FL 33480
TITLE	P <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	BM <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	VP <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	T <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	RONDA HARBER
STREET ADDRESS	2720 S. OCEAN BLVD. APT 119
CITY-ST-ZIP	PALM BEACH, FL 33480
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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 an other like empowered.

SIGNATURE: _____	Signature and typed or printed name of signing officer or director	Date	Daytime Phone #
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MARVIN WEISENFELD President