

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED

Jan 07, 2004 08:00 AM
Secretary of State

DOCUMENT # 707048
1. Entity Name 73 EDGEWATER DRIVE CONDOMINIUM INC

Principal Place of Business 73 EDGEWATER DRIVE SUITE 2 MIAMI, FL 33133 US	Mailing Address 73 EDGEWATER DRIVE SUITE 2 CORAL GABLES, FL 33133 US
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01032004 No Chg-NP CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0267752	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent MORETZ, ARLENE 73 EDGEWATER DR #2 CORAL GABLES, FL 33133
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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: *Arlene M. Moretz* (NOTE: Registered Agent signature required when reinstating) DATE: 01-05-04

Filing Fee is \$61.25 Due by May 1, 2004	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 NAME STREET ADDRESS CITY-ST-ZIP	PD BANKO, CONNIE 73 EDGEWATER DR. #4 CORAL GABLES, FL 33133
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T MORETZ, ARLENE 73 EDGEWATER DR. #2 CORAL GABLES, FL 33133
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S RIVERA, LESLIE 73 EDGEWATER DR. #4 CORAL GABLES, FL 33133
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD VALENTA, VIRGINIA 3401 N COUNTRY CLUB DR. #803 AVENTURA, FL 33180
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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01/07/04-80002-002 61.25

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 617, 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: *Arlene M. Moretz* ARLENE M MORETZ 01-05-04 305.
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #
TREASURER 666-6150