2006 NOT-FOR-PROFIT CORPORATION

ANNUAL REPORT

DOCUMENT #712156

1. Entity Name
EDGEWATER EAST CONDOMINIUM APARTMENTS II, INC.



FILED Apr 20, 2006 8:00 am Secretary of State

04-20-2006 90184 018 ****61.25

<u> 400---</u>

| Suite, Apil, etc. Cry & State Cry | Principal Place of Business 6855 EDGEWATER DR. CORAL GABLES, FL 33133 | | | | Mailing Address C/O C.P.M.CORPORATION 170 OCEAN LANE DRIVE KEY BISCAYNE, FL 33149 | | | | | | | | | |
|--|---|--------------------------|----------|-----|--|------|---|--|--|--------------|----------------------|--------------|-------------|--|
| City & State City & State City & State Country Zip Country S. Certificate of Status Desired State Applied for Nax Applicable Nax Applicable State Applied for Nax Applicable State Applied for Nax Applicable State Applied for Name and Address of Nax Registered Agent Name | 2. Principal Place of Business | | | | 3. Mailing Address | | | | | | | | | |
| Special County Zip County Special County Specia | Suite, Apt. #, etc. | | | | Suite, Apt. #, etc. | | | | 01132006 | Chg-NP | CR2E037 | (11/05) | | |
| Country Country Country Country Country S. Certification of Status Desired S8.75 Addistional Per Required COHEN, ALBERTO COHEN, ALBERTO CORTIFIED PROPERTY MANAGEMENT TO OCEAN LANE DRIVE City Ci | City & State | | | | City & State | | | | | 524 | | | | |
| Name OCHEN, ALBERTO CERTIFIED PROPERTY MANAGEMENT 170 OCEAN LANE DRIVE KEY BISCAYNE, FL 33149 To City 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 familier with, and accept the obligations of registered agent and title 4 applicable. Filling Fee is \$61.25 Due by May 1, 2006 Filling Fee is \$61.25 Due by May 1, 2006 Trust Fund Contribution. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 INTE NAME LISTA, MARTHA SIRET ADDRESS OFFI-SI-2P OCRAL GABLES, FL 33133 INTE NAME ELSON, STEVEN P INECREST, FL 33156 INTE NAME SIRET ADDRESS OTH-SI-2P OCRAL GABLES, FL 33133 Desce NAME SIRET ADDRESS SIRET ADDRESS OTH-SI-2P OCRAL GABLES, FL 33133 Desce NAME SIRET ADDRESS OTH-SI-2P OCRAL GABLES, FL 33133 Desce NAME SIRET ADDRESS OTH-SI-2P OCRAL GABLES, FL 33133 Desce NAME SIRET ADDRESS OTH-SI-2P OCRAL GABLES, FL 33133 Desce NAME SIRET ADDRESS OTH-SI-2P OCRAL GABLES, FL 33133 Desce NAME SIRET ADDRESS OTH-SI-2P OCRAL GABLES, FL 33133 Desce NAME SIRET ADDRESS OTH-SI-2P OCRAL GABLES, FL 33133 Desce NAME SIRET ADDRESS OTH-SI-2P OCRAL GABLES, FL 33133 Desce NAME SIRET ADDRESS OTH-SI-2P OCRAL GABLES, FL 33133 Desce NAME SIRET ADDRESS OTH-SI-2P OCRAL GABLES, FL 33133 OTH-SI-2P OCRAL GABLES OTH-SI-2P OCRAL | Zip | : Country | | Zij | Zip Co | | untry | | | | 8.75 Add | itional | | |
| COHEN, ALBERTO CERTIFIED PROPERTY MANAGEMENT 170 OCEAN LANE DRIVE KEY BISCAYNE, FL 33149 City City FL City FL Zip Code 8. The above named entity submits this statement for the purpose of changing its registered diffice or registered agent, or both, in the State of Florida. I arm familiar with, and accept the obligations of registered agent. SIGNATURE FILING Fee is S61.25 Due by May 1, 2006 0.0 | 6. Name and Address of Current Registered Agent | | | | | | 7. Name and Address of New Registered Agent | | | | | | | |
| Street Address (P. O. Box Number is Not Acceptable) | COLUEN A | · · | | | | | | Name | | | | | | |
| City FL Zip Code | CERTIFIED PROPERTY MANAGEMENT | | | | | | Street A | Street Address (P.O. Box Number is Not Acceptable) | | | | | | |
| Either aboven named entity submits this statement for the purpose of changing its registered diffice or registered agent, or both, in the State of Florida. Tam familiar with, and accept the obligations of registered agent. SIGNATURE Signature, typed or portion have of registered agent and site of applicable. Priling Fee is \$61.25 Due by May 1, 2006 9. Election Campaign Financing Trust Fund Contribution. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 INTE. D. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 INTE. D. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 INTE. D. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 INTE. D. OFFICERS AND DIRECTORS SIREH ADRESS CITY-S1-2P INTE. PD. Oelete INTE. Delete INTE. NAME SIREH ADRESS CITY-S1-2P TITLE TITLE NAME SIREH ADRESS CITY-S1-2P TITLE TI | | | | | | | | | | | | | | |
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| SIGNATURE Signature, typed or printed name of registered agent and table if applicable. (NOTE Registered Agent signature required when reintrating) DATE | | | | | | | | | | | | | | |
| Signature, typed or printed name of regeleared agent and title if applicable (NOTE Registered Agent separative required when reintstraing) DATE | the obligat | | | | | | | | | | | | | |
| Signature, typed or printed name of registered agent and take if applicable | | • | | | | | | | | | | | | |
| Trust Fund Contribution. Added to Fees Florida Department of State 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 ITILE LISTA, MARTHA CONTRIBUTION CONT | SIGNATURE. | | | | | | | | | | | | | |
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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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an oddress, with all other like empowered.

SIGNATURE:

117960 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIR