

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 712156

FILED
Apr 16, 2008
Secretary of State

Entity Name: EDGEWATER EAST CONDOMINIUM APARTMENTS II, INC.

Current Principal Place of Business:

6855 EDGEWATER DR.
CORAL GABLES, FL 33133

New Principal Place of Business:

Current Mailing Address:

C/O C.P.M.CORPORATION
170 OCEAN LANE DRIVE
KEY BISCAYNE, FL 33149

New Mailing Address:

FEI Number: 59-2219524 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

COHEN, ALBERTO
CERTIFIED PROPERTY MANAGEMENT
170 OCEAN LANE DRIVE
KEY BISCAYNE, FL 33149 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: TD () Delete
Name: ELSON, STEVEN P
Address: 7260 S.W. 116TH STREET
City-St-Zip: PINECREST, FL 33156

Title: PD () Delete
Name: PADRON, JAMES
Address: 6855 E EDGEWATER DR #1E
City-St-Zip: CORAL GABLES, FL 33133

Title: D () Delete
Name: ETTMAN, RITA
Address: 6855 E. EDGEWATER DR
City-St-Zip: CORAL GABLES, FL 33137

Title: D () Delete
Name: GONZALEZ-QUEVEDO, RICHARD
Address: 6855 E. EDGEWATER DR
City-St-Zip: CORAL GABLES, FL 33133

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JAMES PADRON

PD

04/16/2008

Electronic Signature of Signing Officer or Director

Date