

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 744404

1. Entity Name

EDGEWATER BAY ASSOCIATION, INC.

Principal Place of Business

725 N.E. 22 STREET
UNIT #8
MIAMI FL 33137
US

Mailing Address

725 NE 22 ST
UNIT #8
MIAMI FL 33137-5160
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

NOT APPLICABLE

Applied For

Not Applicable

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

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

BOIKO, BRUCE M.
801 BRICKELL AVE
SUITE 1501
MIAMI FL 33131

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.

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 \$61.25

9. Election Campaign Financing
Trust Fund Contribution.

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\$5.00 May Be
Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE
NAME PD
STREET ADDRESS ESPINO, OMAR
CITY-ST-ZIP 725 NE 22 ST., #5
MIAMI FL

☐ Change ☐ Addition

TITLE
NAME STD
STREET ADDRESS TOMPKINS, MARGARET
CITY-ST-ZIP 725 N.E. 22ND ST. #8
MIAMI FL

☐ Change ☐ Addition

TITLE
NAME VD
STREET ADDRESS GUTIERREZ, JOSE
CITY-ST-ZIP 261 NW 56 CT
MIAMI FL 33126

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ 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 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: MARGARET E TOMPKINS
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Date 1/6/00
Daytime Phone # 305-576-4144