

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 01, 2002 8:00 am
Secretary of State

02-01-2002 90051 012 ****61.25

DOCUMENT # 749222

1. Entity Name

EDGEWATER HOUSE CONDOMINIUM ASSOCIATION, INC

Principal Place of Business

Mailing Address

**501 S.E. 6TH AVENUE
 FT. LAUDERDALE FL 33301
 US**

**501 S.E. 6TH AVENUE
 FT. LAUDERDALE FL 33301
 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

59-2072951

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

**REITER, RICHARD
 501 SE 6TH AVE. #101
 FT. LAUDERDALE FL 33301**

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.

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. ☐

\$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	PD	<input type="checkbox"/> Delete
NAME	REITER, RICHARD	
STREET ADDRESS	501 SE 6TH AVE 101	
CITY-ST-ZIP	FT. LAUDERDALE FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	BOYD, DARRYL	
STREET ADDRESS	501 SE 6TH AVE 104	
CITY-ST-ZIP	FORT LAUDERDALE FL 33301	
TITLE	TD	<input checked="" type="checkbox"/> Delete
NAME	ESPOSITO, ANTHONY	
STREET ADDRESS	501 SE 6TH AVE. 304	
CITY-ST-ZIP	FT LAUDERDALE FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	RAYMOND, JOHN	
STREET ADDRESS	9160 SW 55TH ST	
CITY-ST-ZIP	COOPER CITY FL	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	WILLIFORD, PATTIE	
STREET ADDRESS	501 SE 6TH AV 204	
CITY-ST-ZIP	FORT LAUDERDALE FL 33301	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	JOHN C. FELTMAN	
STREET ADDRESS	3134 N.E. 9TH ST.	
CITY-ST-ZIP	FT. LAUDERDALE, FL	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	PATRICIA ACHILLE	
STREET ADDRESS	501 S.E. 6TH AV. #307	
CITY-ST-ZIP	FT. LAUDERDALE, FL 33301	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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 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:

Richard A Reiter 1/15/02

CR2E037 (9/01)