2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 19, 2008 08:00 A
Secretary of State

DOCUMENT # 755789

1. Entity Name
EDGEWATER BEACH CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business	Mailing Address
17 NE 2ND AVENUE, #105 DANIA, FL 33004	17 NE 2ND AVENUE, #105 DANIA, FL 33004

DO NOT WRITE IN THIS SPACE

03142008 No Chg-NP CR2E037 (4/06)

4. FEI Number
22-2370896

☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

ONAINDIA, JUAN
2863 STIRLING RD
FORT LAUDERDALE, FL 33312

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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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is $61.25
Due by May 1, 2008

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

U00000863423
04/03/08-80091-016 61.25

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	ARNOLD, WALLY
STREET ADDRESS	17 NE 2ND AVE # 105
CITY-ST-ZIP	DANIA, FL 33004
TITLE	SD
NAME	ROZAK, RITA
STREET ADDRESS	17 NE 2ND AVE #207
CITY-ST-ZIP	DANIA, FL 33004
TITLE	DT
NAME	ONAINDIA, JUAN
STREET ADDRESS	2863 STIRLING RD
CITY-ST-ZIP	FORT LAUDERDALE, FL 33312
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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12. 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 address, with all other like empowered.

SIGNATURE: Juan Jose Onaindia
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #