

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Aug 11, 2003 8:00 am
Secretary of State

08-11-2003 90289 039 ****61.25

0005776

DOCUMENT # 755789

1. Entity Name

EDGEWATER BEACH CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business

**17 N.E. 2ND AVENUE, #206
DANIA FL 33004**

Mailing Address

**501 EAST DANIA BEACH BLVD
53
DANIA FL 33004**

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 **22-2370896**

Applied For

☒ Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**TSIRAKOGLU, VICTORIA
501 EAST DANIA BEACH BLVD
53
DANIA FL 33004**

7. Name and Address of New Registered Agent

Name **JUAN ONAINDIA**
Street Address (P.O. Box Number is Not Acceptable)
2863 STIRLING RD
City **FT LAUDERDALE** FL Zip Code **33312**

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 **JUAN ONAINDIA**

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

8/8/03
DATE

**FILE NOW: FEE IS \$61.25
After September 10, 2003, min will be \$236.25**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> Delete
NAME	ARNOLD, WALLY	
STREET ADDRESS	17 NE 2ND AVE # 105	
CITY-ST-ZIP	DANIA FL 33004	
TITLE	SD	<input checked="" type="checkbox"/> Delete
NAME	SWANSON, BETTY	
STREET ADDRESS	13 NE 2ND AVE # 102	
CITY-ST-ZIP	DANIA FL 33004	
TITLE	DT	<input checked="" type="checkbox"/> Delete
NAME	TSIRAKOGLU, VICTORIA	
STREET ADDRESS	501 EAST DANIA BEACH BLVD #53	
CITY-ST-ZIP	DANIA FL 33004	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	SD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ROZAK, RITA	
STREET ADDRESS	17 NE 2ND AVE # 207	
CITY-ST-ZIP		
TITLE	DT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ONAINDIA, JUAN	
STREET ADDRESS	2863 STIRLING RD	
CITY-ST-ZIP	FT LAUDERDALE FL 33312	
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		
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: **SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8/8/03
Date

954-988700
Daytime Phone # **Ex 133**

CR2E037 (4/03)