

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 16, 2006 8:00 am
Secretary of State

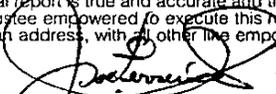
05-16-2006 90179 001 *****8.75
 05-16-2006 90179 002 *****61.25

DOCUMENT # 757567					
1. Entity Name EDGEWATER PLACE, INC.					
Principal Place of Business 7740 ABBOTT AVE APT 3-A MIAMI BEACH FL 33141		Mailing Address C/O JOSE S FERREIRA 7740 ABBOTT AVE APT 3A MIAMI BEACH FL 33141			
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 65-0211560	
Zip	Country	Zip	Country	5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent FERREIRA, JOSE S 7740 ABBOTT AVE APT 3-A MIAMI BEACH FL 33141			7. Name and Address of New Registered Agent 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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
FILE NOW: FEE IS \$61.25 Due By May 1, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
				Make Check Payable to Florida Department of State	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	P <input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	TUDISCO, GLADIANA	NAME			
STREET ADDRESS	2100 SANS SOUCI BLVD APT 909	STREET ADDRESS			
CITY-ST-ZIP	NORTH MIAMI FL 33181	CITY-ST-ZIP			
TITLE	C <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	PACKARD, SEYMOR	NAME			
STREET ADDRESS	7740 ABBOTT AVE APT 5-B	STREET ADDRESS			
CITY-ST-ZIP	MIAMI BEACH FL 33141	CITY-ST-ZIP			
TITLE	T <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	FERREIRA, JOSE S	NAME			
STREET ADDRESS	7740 ABBOTT AVE APT 3-A	STREET ADDRESS			
CITY-ST-ZIP	MIAMI BEACH FL 33141	CITY-ST-ZIP			
TITLE	S <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	TREACY, ERIN S	NAME			
STREET ADDRESS	7740 ABBOTT AVE APT 3-B	STREET ADDRESS			
CITY-ST-ZIP	MIAMI BEACH FL 33141	CITY-ST-ZIP			
TITLE	V <input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	STEPHENSON, MAYA	NAME			
STREET ADDRESS	7740 ABBOTT AVE APT 2-B	STREET ADDRESS			
CITY-ST-ZIP	MIAMI BEACH FL 33141	CITY-ST-ZIP			
TITLE	PRESIDENT <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
NAME	EBERLY, CHARLENE D.	NAME			
STREET ADDRESS	7740 ABBOTT AVE APT. 5-A	STREET ADDRESS			
CITY-ST-ZIP	MIAMI BEACH, FL 33141	CITY-ST-ZIP			



1st MOORE CR2E037 (10/05)

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 lines empowered.

SIGNATURE:  **TREASURER - 05-10-06 - 305-866-6827**