

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 02, 2006 8:00 am
Secretary of State

02-02-2006 90078 047 ****61.25



DOCUMENT # N05000008354
 1. Entity Name
EDGEWATER OF CORAL GABLES CONDOMINIUM ASSOCIATION INC.

Principal Place of Business
9210 SUNSET DR - STE 103 MIAMI, FL 33173

Mailing Address
9210 SUNSET DR - STE 103 MIAMI, FL 33173



2. Principal Place of Business
13200 SW 128 St. B2

3. Mailing Address
13200 SW 128 St B2

Suite, Apt. #, etc.

01122006 Chg-NP CR2E037 (11/05)

City & State
Miami FL

City & State
Miami FL

Zip **33186** Country **USA**

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4. FEI Number
20-3407924

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent
**FERNANDEZ VALLE, MARIA ESQ
 10570 NW 27TH ST
 STE 103
 MIAMI, FL 33172**

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 _____ 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, 2006**

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	MEDEROS, JORGE C	
STREET ADDRESS	9210 SUNSET DR - STE 103	
CITY - ST - ZIP	MIAMI, FL 33173	
TITLE	SD	<input type="checkbox"/> Delete
NAME	GUERRA, SONNIA	
STREET ADDRESS	9210 SUNSET DR - STE 103	
CITY - ST - ZIP	MIAMI, FL 33173	
TITLE	TD	<input type="checkbox"/> Delete
NAME	MEDEROS, ZANDRA	
STREET ADDRESS	9210 SUNSET DR - STE 103	
CITY - ST - ZIP	MIAMI, FL 33173	
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	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Jorge C. Mederos	
STREET ADDRESS	5835 Blue Lagoon Dr. Ste. 302	
CITY - ST - ZIP	Miami FL 33124	
TITLE	SD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Sonia Guerra	
STREET ADDRESS	6835 Blue Lagoon Dr. Ste. 302	
CITY - ST - ZIP	Miami FL 33124	
TITLE	TD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Zandra Mederos	
STREET ADDRESS	5835 Blue Lagoon Dr Ste. 302	
CITY - ST - ZIP	Miami FL 33124	
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 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 empowerments.

SIGNATURE: Jorge C. Mederos 1/20/06
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #