2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000008354

FILED Mar 29, 2007 Secretary of State

Entity Name: EDGEWATER OF CORAL GABLES CONDOMINIUM ASSOCIATION INC.

Current Principal Place of Business: New Principal Place of Business:

13200 SW 128 ST B2 12350 SW 132 CT MIAMI, FL 33186 23150 SW 132 CT SUITE 114

MIAMI, FL 33186

Current Mailing Address: New Mailing Address:

13200 SW 128 ST B2 12350 SW 132 CT MIAMI, FL 33186 SUITE 114 MIAMI, FL 33186

FEI Number: 20-3407924 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

FERNANDEZ VALLE, MARIA ESQ ROGEL, DAVID ESQ 10570 NW 27TH ST 121 ALHAMBRA PLAZA

STE 103 SUITE 1000

MIAMI, FL 33172 US CORAL GABLES, FL 33134 US

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: DAVID ROGEL, ESQ. 03/29/2007

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD () Delete Title: PD (X) Change() Addition

Name: MEDEROS, JORGE C Name: ROSS, COLLIN

Address: 5835 BLUE LAGOON DR STE 302 Address: 35 EDGEWATER DR. 202

City-St-Zip: MIAMI, FL 33126 City-St-Zip: CORAL GABLES, FL 33133

Title: SD () Delete Title: VPD (X) Change () Addition Name: GUERRA, SONNIA Name: ZOLLER, CHRISTOPHER

 Address:
 5835 BLUE LAGOON DR STE 302
 Address:
 900 BAYAMO AVE

 City-St-Zip:
 MIAMI, FL 33126
 City-St-Zip:
 MIAMI, FL 33146

Title: TD () Delete Title: SD (X) Change () Addition

 Name:
 MEDEROS, ZÁNDRA
 Name:
 SOSA, SABRÍNA

 Address:
 5835 BLUE LAGOON DR STE 302
 Address:
 371 E. 57 ST.

 City-St-Zip:
 MIAMI, FL 33126
 City-St-Zip:
 HIALEAH, FL 33013

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: COLLIN ROSS PD 03/29/2007