

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000008354

FILED
Jan 14, 2009
Secretary of State

Entity Name: EDGEWATER OF CORAL GABLES CONDOMINIUM ASSOCIATION INC.

Current Principal Place of Business:

12350 SW 132 CT
SUITE 114
MIAMI, FL 33186

New Principal Place of Business:

Current Mailing Address:

12350 SW 132 CT
SUITE 114
MIAMI, FL 33186

New Mailing Address:

C/O LMM PO BOX 330971
MIAMI, FL 33133

FEI Number: 20-3407924

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

EISINGER, DENNIS ESQ
4000 HOLLYWOOD BLVD
SUITE 265 SOUTH
HOLLYWOOD, FL 33021 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

_____ Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: ROSS, COLLIN
Address: 35 EDGEWATER DR. 202
City-St-Zip: CORAL GABLES, FL 33133

Title: VPD () Delete
Name: ZOLLER, CHRISTOPHER
Address: 900 BAYAMO AVE
City-St-Zip: MIAMI, FL 33146

Title: SD () Delete
Name: SOSA, SABRINA
Address: 371 E. 57 ST.
City-St-Zip: HIALEAH, FL 33013

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: SD (X) Change () Addition
Name: O'CONNOR, SCOTT
Address: 95 EDGEWATER DRIVE #205
City-St-Zip: CORAL GABLES, FL 33133

I hereby certify that the information supplied with this filing does not qualify 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: MELANIE ONDRUSKA

MGR

01/14/2009

Electronic Signature of Signing Officer or Director

_____ Date