

# 2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000008354

FILED  
Jan 26, 2012  
Secretary of State

**Entity Name:** EDGEWATER OF CORAL GABLES CONDOMINIUM ASSOCIATION INC.

**Current Principal Place of Business:**

35 EDGEWATER DRIVE  
CORAL GABLES, FL 33133

**New Principal Place of Business:**

**Current Mailing Address:**

C/O APM OF FLORIDA, LLC  
PO BOX 562771  
MIAMI, FL 33256

**New Mailing Address:**

**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  
Name: ROSS, COLLIN  
Address: 35 EDGEWATER DR. 202  
City-St-Zip: CORAL GABLES, FL 33133

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

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

I hereby 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 all other like empowered.

SIGNATURE: COLLIN ROSS

PRES

01/26/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date