

# 2008 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT # N06000005491

1. Entity Name  
EDGEWATER VILLAS CONDOMINIUM ASSOCIATION,  
INC.



Principal Place of Business  
2850 DOUGLAS ROAD  
SUITE 400  
CORAL GABLES, FL 33134

Mailing Address  
2850 DOUGLAS ROAD  
SUITE 400  
CORAL GABLES, FL 33134

2. Principal Place of Business - No P.O. Box #  
1916 Needle Palm  
Suite, Apt. #, etc.

3. Mailing Address  
1916 Needle Palm  
Suite, Apt. #, etc.

City & State  
Edgewater FL  
Zip  
32141 Country  
Valencia

City & State  
Edgewater FL  
Zip  
32141 Country  
Valencia



REINSTATEMENT 07-08

4. FEI Number  
51-0639500  
Applied For  
Not Applicable  
5. Certificate of Status Desired ☐ \$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

HERNANDEZ, HECTOR  
2850 DOUGLAS ROAD  
SUITE 400  
CORAL GABLES, FL 33134

7. Name and Address of New Registered Agent

Name  
Joseph O'Neil  
Street Address (P.O. Box Number is Not Acceptable)  
1916 Needle Palm Dr  
City  
Edgewater FL Zip Code  
32141

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 Joseph O'Neil Date 02-12-2008  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$122.50

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Make check payable to  
Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE  
NAME  
D O'NEIL, JOSEPH  
STREET ADDRESS  
111 W. TURGOT AVE., #1  
CITY-ST-ZIP  
EDGEWATER, FL 32132 ☐ Delete

TITLE  
NAME  
D O'NEIL, CHUANMA  
STREET ADDRESS  
111 W. TURGOT AVE., #1  
CITY-ST-ZIP  
EDGEWATER, FL 32132 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE  
NAME  
D O'NEIL, JOSEPH  
STREET ADDRESS  
1916 Needle Palm Dr  
CITY-ST-ZIP  
Edgewater FL 32141 ☒ Change ☐ Addition

TITLE  
NAME  
D O'NEIL, CHUANMA  
STREET ADDRESS  
1916 Needle Palm Dr  
CITY-ST-ZIP  
Edgewater FL 32141 ☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

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 empowered.

SIGNATURE: Joseph O'Neil Date 02-12-2008  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

72100