

**FILE NOW: FILING FEE IS \$61.25**

**FILED**  
**May 18 1998 8:00am**  
**Secretary of State**

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # N07166 (4)**  
 Corporation Name  
**EDGEWATER PARK HOMEOWNERS' ASSOCIATION, INC.**



Principal Place of Business		Mailing Address	
13600 SW 144 AVE RD STE #1 MIAMI FL 33186 US		13519 S.W. 116 PLACE MIAMI FL 33176	
21	2. Principal Place of Business	26	2a. Mailing Address
22	Suite, Apt. #, etc.	27	Suite, Apt. #, etc.
23	City & State	28	City & State
24	Zip	29	Zip
25	Country	30	Country

3. Date Incorporated or Qualified	01/17/1985
4. FEI Number	59-2374222
Applied For	Not Applicable
5. Certificate of Status Desired	<input checked="" type="checkbox"/> \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/> \$5.00 May Be Added to Fees
7. Is this nonprofit corporation a homeowners association?	<input type="checkbox"/> Yes <input type="checkbox"/> No
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
ZAMORA, MARIO 13519 S.W. 116 PLACE MIAMI FL 33176		B1 Name B2 Street Address (P.O. Box Number is Not Acceptable) 5757 Blue Lagoon Dr #301 B3 B4 City MIAMI FL B5 Zip Code 33126	

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD ZAMORA, MARIO 13519 SW 116 PLACE MIAMI FL 33176	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	SD CULLEN, L. CANDY 11275 SW 133 TERRACE MIAMI FL 33176	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	D BRUNK, KELLY 13576 SW 1.3 PL MIAMI FL	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	VD GUTIERREZ, AMBAL 13521 SW 113 PLACE MIAMI FL 33176	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	D FRANZ, THAME 13339 SW 114TH CT MIAMI FL	5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition

1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.2 NAME	TREASURER WILFREDO GOMEZ
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Bu M. Zamora Date: 4/18/98

CR2E037 (10/97)