

FILE NOW: FILING FEE IS \$61.25

FILED
May 18 1998 8:00am
Secretary of State

| | | |
|---|---|---|
| NONPROFIT CORPORATION ANNUAL REPORT 1998 |  | FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS |
|---|---|---|

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 | 1.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | ZAMORA, MARIO | 1.2 NAME | |
| STREET ADDRESS | 13519 SW 116 PLACE | 1.3 STREET ADDRESS | |
| CITY-ST-ZIP | MIAMI FL 33176 | 1.4 CITY-ST-ZIP | |
| TITLE | SD | 2.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | CULLEN, L. CANDY | 2.2 NAME | |
| STREET ADDRESS | 11275 SW 133 TERRACE | 2.3 STREET ADDRESS | |
| CITY-ST-ZIP | MIAMI FL 33176 | 2.4 CITY-ST-ZIP | |
| TITLE | D | 3.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | BRUNK, KELLY | 3.2 NAME | |
| STREET ADDRESS | 13576 SW 1.3 PL | 3.3 STREET ADDRESS | |
| CITY-ST-ZIP | MIAMI FL | 3.4 CITY-ST-ZIP | |
| TITLE | VD | 4.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | GUTIERREZ, AMBAL | 4.2 NAME | |
| STREET ADDRESS | 13521 SW 113 PLACE | 4.3 STREET ADDRESS | |
| CITY-ST-ZIP | MIAMI FL 33176 | 4.4 CITY-ST-ZIP | |
| TITLE | D | 5.1 TITLE | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | FRANZ, THAME | 5.2 NAME | TREASURER WILFREDO GOMEZ |
| STREET ADDRESS | 13339 SW 114TH CT | 5.3 STREET ADDRESS | |
| CITY-ST-ZIP | MIAMI FL | 5.4 CITY-ST-ZIP | |
| TITLE | | 6.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 6.2 NAME | |
| STREET ADDRESS | | 6.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 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)