


FILE NOW: FILING FEE IS \$61.25

**FILED**  
**Apr 13, 1999 8:00 am**  
**Secretary of State**

04-13-1999 90088 046 \*\*\*\*61.25

NONPROFIT CORPORATION ANNUAL REPORT <b>1999</b>		FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # N07166**

1. Corporation Name  
**EDGEWATER PARK HOMEOWNERS' ASSOCIATION, INC.**

Principal Place of Business 13800 SW 144 AVE RD STE #1 MIAMI FL 33186 US	Mailing Address 13519 S.W. 116 PLACE MIAMI FL 33176
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2. Principal Place of Business 21 <b>13800 S.W. 144 Ave Rd</b> Suite, Apt. #, etc. 22 <b># 1</b>	2a. Mailing Address 26 <b>13800 S.W. 144 Ave Rd</b> Suite, Apt. #, etc. 27 <b># 1</b>	3. Date Incorporated or Qualified 01/17/1985	4. FEI Number 59-2374222	Applied For <input type="checkbox"/> Not Applicable
23 <b>MIAMI, FL 33186</b> City & State	28 <b>MIAMI, FL</b> City & State	5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75</b> Additional Fee Required	6. Election Campaign Financing Trust Fund Contribution <input checked="" type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	
24 <b>33186</b> 25 <b>USA</b> Zip Country	29 <b>33186</b> 30 <b>USA</b> Zip Country	9. Name and Address of Current Registered Agent		

**ZAMORA, MARIO**  
 5757 BLUE LAGOON DR  
 301  
 MIAMI FL 33126

10. Name and Address of New Registered Agent

81 Name <b>Steve Suits</b>
82 Street Address (P.O. Box Number is Not Acceptable) <b>13800 S.W. 144 Ave / Rd</b>
83
84 City <b>MIAMI</b> 85 <b>FL</b> Zip Code <b>33186</b>

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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD <input type="checkbox"/> DELETE	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 <input type="checkbox"/> DELETE	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 <input checked="" type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BRUNK, KELLY	3.2 NAME	<b>ANGEL CINTRON</b>
STREET ADDRESS	13576 SW 1.3 PL	3.3 STREET ADDRESS	<b>13519 S.W. 115 Ct.</b>
CITY-ST-ZIP	MIAMI FL	3.4 CITY-ST-ZIP	<b>MIAMI FL 33176</b>
TITLE	VD <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GUTIERREZ, ANIBAL	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	T <input checked="" type="checkbox"/> DELETE	5.1 TITLE	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	WILFREDO, GOMEZ	5.2 NAME	<b>LINDA RAINS</b>
STREET ADDRESS	13339 SW 114TH CT	5.3 STREET ADDRESS	<b>13331 S.W. 114 Ct</b>
CITY-ST-ZIP	MIAMI FL	5.4 CITY-ST-ZIP	<b>MIAMI FL 33176</b>
TITLE	<input type="checkbox"/> DELETE	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, with all other like empowered.

SIGNATURE: BRIGITTE ZAMORA (NOTE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR) DATE: 1/29/1999 Daytime Phone #: 305-262-3373

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CR2E037 (11/98)