

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 18, 2000 8:00 am
Secretary of State

04-18-2000 90167 031 ****61.25



DO NOT WRITE IN THIS SPACE

DOCUMENT # N07166
 1. Entity Name
EDGEWATER PARK HOMEOWNERS' ASSOCIATION, INC.

Principal Place of Business		Mailing Address	
13800 SW 144 AVE RD STE #1 MIAMI FL 33186 US		13800 SW 144 AVE RD STE #1 MIAMI FL 33186-6765 US	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number **59-2374222** Applied For Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent					
SUITS, STEVE 13800 SW 144 AVE RD MIAMI FL 33186				Name					
				Street Address (P.O.-Box Number is Not Acceptable)					
				City				FL	Zip Code

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.

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

FILE NOW: FEE IS \$61.25	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	Make Check Payable to Department of State
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10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10			
TITLE	PD: <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ZAMORA, MARIO	NAME	SD	NAME	SD	NAME	VP
STREET ADDRESS	13519 SW 116 PLACE	STREET ADDRESS	11275 SW 133 TERRACE	STREET ADDRESS	13331 SW 114 COURT	STREET ADDRESS	13337 SW 113 PLACE
CITY-ST-ZIP	MIAMI FL 33176	CITY-ST-ZIP	MIAMI FL 33176	CITY-ST-ZIP	MIAMI, FL 33176	CITY-ST-ZIP	MIAMI, FL 33176
TITLE	SD <input checked="" type="checkbox"/> Delete	TITLE	VP <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	TITLE	TD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CULLEN, L. CANDY	NAME	HESS, JUDITH	NAME	GUTIERREZ, ANIBAL	NAME	T-
STREET ADDRESS	11275 SW 133 TERRACE	STREET ADDRESS	13337 SW 113 PLACE	STREET ADDRESS	13521 SW 113 PLACE	STREET ADDRESS	13331 SW 114 CT
CITY-ST-ZIP	MIAMI FL 33176	CITY-ST-ZIP	MIAMI, FL 33176	CITY-ST-ZIP	MIAMI, FL 33176	CITY-ST-ZIP	MIAMI FL 33176
TITLE	VD <input checked="" type="checkbox"/> Delete	TITLE	TD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GUTIERREZ, ANIBAL	NAME	GUTIERREZ, ANIBAL	NAME		NAME	
STREET ADDRESS	13521 SW 113 PLACE	STREET ADDRESS	13521 SW 113 PLACE	STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33176	CITY-ST-ZIP	MIAMI, FL 33176	CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	T- <input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RAINS, LINDA	NAME		NAME		NAME	
STREET ADDRESS	13331 SW 114 CT	STREET ADDRESS		STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33176	CITY-ST-ZIP		CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME		NAME		NAME	
STREET ADDRESS		STREET ADDRESS		STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP		CITY-ST-ZIP		CITY-ST-ZIP	

12. 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 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: *Judith Hess VP* **SIGNATURE REQUIRED**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR _____ Date _____ Daytime Phone # _____

CR2E037 (9/99)