

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N07166

1. Entity Name

EDGEWATER PARK HOMEOWNERS' ASSOCIATION, INC.

**FILED**  
**Mar 16, 2001 8:00 am**  
**Secretary of State**

03-16-2001 90001 003 \*\*\*\*61.25

Principal Place of Business

13800 SW 144 AVE RD  
STE #1  
MIAMI FL 33186  
US

Mailing Address

13800 SW 144 AVE RD  
STE #1  
MIAMI FL 33186  
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

SUITS, STEVE  
13800 SW 144 AVE RD  
MIAMI FL 33186

7. Name and Address of New Registered Agent

Name

SKRLD, INC.

Street Address (P.O. Box Number is Not Acceptable)

201 ALHAMBRA CIRCLE

SUITE 1102

City

CORAL GABLES

FL

Zip Code  
33134

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 SKRLD, INC. BY LISA LERNER

Signature, typed or printed name of registered agent and title if applicable.

SECRETARY

3-12-01

(NOTE: Registered Agent signature required when reinstating)

DATE

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

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

**Make Check Payable to**  
**Department of State**

10. OFFICERS AND DIRECTORS

TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	ZAMORA, MARIO	
STREET ADDRESS	13519 SW 116 PLACE	
CITY-ST-ZIP	MIAMI FL 33176	
TITLE	SD	<input type="checkbox"/> Delete
NAME	RAINS, LINDA	
STREET ADDRESS	3331 SW 114 COURT	
CITY-ST-ZIP	MIAMI FL 33176	
TITLE	VP	<input type="checkbox"/> Delete
NAME	HESS, JUDITH	
STREET ADDRESS	13337 SW 113 PLACE	
CITY-ST-ZIP	MIAMI FL 33176	
TITLE	TD	<input type="checkbox"/> Delete
NAME	GUTIERREZ, ANIBAL	
STREET ADDRESS	13521 SW 113 PLACE	
CITY-ST-ZIP	MIAMI FL 33176	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Anibal Gutierrez	
STREET ADDRESS	13521 SW 113 PL	
CITY-ST-ZIP	Miami, FL 33176	
TITLE	Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Tony Mercado	
STREET ADDRESS	13325 SW 114 PL	
CITY-ST-ZIP	Miami, FL 33176	
TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	Treasurer	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Robert Guevara	
STREET ADDRESS	13330 SW 114 PL	
CITY-ST-ZIP	Miami, FL 33176	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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:

*Linda Rains* (LINDA RAINS) 2/19/01

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/00)