


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 31, 2005 8:00 am
Secretary of State

01-31-2005 90080 032 ****70.00

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DOCUMENT # N07166					
1. Entity Name EDgewater PARK HOMEOWNERS' ASSOCIATION, INC.					
Principal Place of Business %COURTESY PROPERTY MANAGEMENT, INC. 13250 S 135 AVENUE MIAMI, FL 33186 US		Mailing Address %COURTESY PROPERTY MANAGEMENT, INC. 13250 S 135 AVENUE MIAMI, FL 33186 US		01062005 Chg-NP CR2E037 (10/03) 4. FEI Number 59-2374222 Applied For Not Applicable. 5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
SKRLD INC 201 ALHAMBRA CIRCLE SUITE 1102 CORAL GABLES, FL 33134				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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee is \$61.25 Due by May 1, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	P	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SUAYEZ, JOSE			NAME	
STREET ADDRESS	13405 SW 113 PLACE			STREET ADDRESS	
CITY-ST-ZIP	MIAMI, FL 33176			CITY-ST-ZIP	
TITLE	TD	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TORRES, JOSE			NAME	
STREET ADDRESS	13518 S.W. 113 PLACE			STREET ADDRESS	
CITY-ST-ZIP	MIAMI, FL 33176			CITY-ST-ZIP	
TITLE	D	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TORRES, LYDIA			NAME	
STREET ADDRESS	13532 SW 114 PLACE			STREET ADDRESS	
CITY-ST-ZIP	MIAMI, FL 33176			CITY-ST-ZIP	
TITLE	D	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JENKINS, RAYMOND			NAME	
STREET ADDRESS	13413 S.W. 113 PLACE			STREET ADDRESS	
CITY-ST-ZIP	MIAMI, FL 33176			CITY-ST-ZIP	
TITLE	VP	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Ocasio, CARLOS			NAME	
STREET ADDRESS	13523 SW 114 PLACE			STREET ADDRESS	
CITY-ST-ZIP	MIAMI, FL 33176			CITY-ST-ZIP	
TITLE		<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME				NAME	
STREET ADDRESS				STREET ADDRESS	
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)(1), 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: _____				Date: 1/29/05	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				Daytime Phone #: 305-251-3878	