2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N08000001753

FILED Apr 22, 2009 Secretary of State

Entity Name: EDGEWATER LOFTS CONDOMINIUM ASSOCIATION, INC. **Current Principal Place of Business: New Principal Place of Business:** 501 GOLDEN ISLES DRIVE SUITE 206-B 918 OCEAN DRIVE HALLANDALE, FL 33009 #207 MIAMI BEACH, FL 33139 **Current Mailing Address: New Mailing Address:** 501 GOLDEN ISLES DRIVE SUITE 206-B 918 OCEAN DRIVE HALLANDALE, FL 33009 #207 MIAMI BEACH, FL 33139 FEI Number: 26-2016275 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: SERBER, DANIEL J ESQ CUEVAS & ORTIZ, P.A. TURNBERRY PLAZA, SUITE 801 536 BILTMORE WAY 2875 NE 191ST STRÉET CORAL GABLES, FL 33134 US AVENTURA, FL 33180 US 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: ANDREW CUEVAS 04/22/2009 Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Delete () Change () Addition SUTTON, SALOMON Name: Name: 501 GOLDEN ISLES DRIVE SUITE 206-B Address: Address: City-St-Zip: HALLANDALE, FL 33009 City-St-Zip: Title: SD () Delete Title: () Change () Addition WEINTRAUB, ABRAHAM Name: Name: Address: 501 GOLDEN ISLES DRIVE SUITE 206-B Address: City-St-Zip: HALLANDALE, FL 33009 City-St-Zip: Title: () Delete Title: () Change () Addition LANIADO, SAUL Name: Name: 501 GOLDEN ISLES DRIVE SUITE 206-B Address: Address: City-St-Zip: HALLANDALE, FL 33009 City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: SALOMON SUTTON PD 04/22/2009