

# 2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N08000001753

FILED  
May 01, 2010  
Secretary of State

**Entity Name:** EDGEWATER LOFTS CONDOMINIUM ASSOCIATION, INC.

**Current Principal Place of Business:**

918 OCEAN DRIVE  
#207  
MIAMI BEACH, FL 33139

**New Principal Place of Business:**

**Current Mailing Address:**

918 OCEAN DRIVE  
#207  
MIAMI BEACH, FL 33139

**New Mailing Address:**

**FEI Number:** 26-2016275      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**  
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

**Name and Address of Current Registered Agent:**

CUEVAS & ORTIZ, P.A.  
536 BILTMORE WAY  
CORAL GABLES, FL 33134      US

**Name and Address of New Registered Agent:**

CUEVAS & ORTIZ, P.A.  
7480 SW 40 ST  
SUITE 600  
MIAMI, FL 33155      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:

\_\_\_\_\_  
Electronic Signature of Registered Agent

05/01/2010

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: PD  
Name: SUTTON, SALOMON  
Address: 501 GOLDEN ISLES DRIVE SUITE 206-B  
City-St-Zip: HALLANDALE, FL 33009

Title: SD  
Name: WEINTRAUB, ABRAHAM  
Address: 501 GOLDEN ISLES DRIVE SUITE 206-B  
City-St-Zip: HALLANDALE, FL 33009

Title: TD  
Name: LANIADO, SAUL  
Address: 501 GOLDEN ISLES DRIVE SUITE 206-B  
City-St-Zip: HALLANDALE, FL 33009

I hereby 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 all other like empowered.

SIGNATURE: SALOMON SUTTON

PD

05/01/2010

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date