


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2007 08:00 A
Secretary of State

| | |
|---|---|
| DOCUMENT # P05000007895 |  |
| 1. Entity Name RIVERSEDGE CONDOMINIUM AT AQUARINA, INC. | |

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|--|--|
| Principal Place of Business 235 HAMMOCK SHORE DRIVE MELBOURNE BEACH, FL 32951 US | Mailing Address 235 HAMMOCK SHORE DRIVE MELBOURNE BEACH, FL 32951 US |
|--|--|

DO NOT WRITE IN THIS SPACE



04252007 No Chg-P CR2E034 (11/05)

| | |
|---|--|
| 4. FEI Number 26-0105861 | Applied For <input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | |

6. Name and Address of Current Registered Agent

**BATES, JAMES H
235 HAMMOCK SHORE DRIVE
MELBOURNE BEACH, FL 32951**

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IN THIS SPACE

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

| | | |
|---|--|--|
| FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees | U000000749536 05/18/07-80027-012 150.00 |
|---|--|--|

10. OFFICERS AND DIRECTORS

| | |
|---------------------|----------------------------------|
| TITLE P | SADKIN, S. MARTIN |
| NAME | 235 HAMMOCK SHORE DRIVE |
| STREET ADDRESS | MELBOURNE BEACH, FL 32951 |
| CITY-ST-ZIP | |
| TITLE VP | LEVY, ROBERT A |
| NAME | 235 HAMMOCK SHORE DRIVE |
| STREET ADDRESS | MELBOURNE BEACH, FL 32951 |
| CITY-ST-ZIP | |
| TITLE S/T | PASIN, MITCHELL C |
| NAME | 235 HAMMOCK SHORE DRIVE |
| STREET ADDRESS | MELBOURNE BEACH, FL 32951 |
| CITY-ST-ZIP | |
| TITLE DIR | KALICHMAN, NATHAN |
| NAME | 235 HAMMOCK SHORE DRIVE |
| STREET ADDRESS | MELBOURNE BEACH, FL 32951 |
| CITY-ST-ZIP | |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 607, 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:  **Managing Member**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR **S. Martin Sadkin** **April 25, 2007** **954-370-7788**
 Date Daytime Phone #