

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

1996-196

B-6356-C

DOCUMENT # 707048 (5)

1. Corporation Name
73 EDGEWATER DRIVE CONDOMINIUM INC



Principal Place of Business: **73 EDGEWATER DRIVE ATTN: ARLENE MORETZ CORAL GABLES FL 33133**
Mailing Address: **73 EDGEWATER DRIVE ATTN: ARLENE MORETZ #2 CORAL GABLES FL 33133**

3. Date Incorporated or Qualified: **03/25/1964**
3a. Date of Last Report: **12/04/1995**

2. Principal Place of Business: **Same**
2a. Mailing Address: **Same**
22. Suite, Apt. #, etc.: **#2**
27. Suite, Apt. #, etc.: **#2**
23. City & State:
28. City & State:
24. Zip: Country:
25. Zip: Country:
29. Zip: Country:
30. Zip: Country:

4. FEI Number: **65-0267752**
Applied For: Not Applicable
5. Certificate of Status Desired: **\$8.75 Additional Fee Required**
6. Election Campaign Financing Trust Fund Contribution: **\$5.00 May Be Added to Fees**
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

9. Name and Address of Current Registered Agent:
**MORETZ, ARLENE
73 EDGEWATER DR
#2
CORAL GABLES FL 33133**

10. Name and Address of New Registered Agent:
81. Name:
82. Street Address (P.O. Box Number is Not Acceptable):
83. City:
84. City: **FL** 85. Zip Code:

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BANKO, CONNIE	1.2 NAME	
STREET ADDRESS	73 EDGEWATER DR. #4	1.3 STREET ADDRESS	
CITY-ST-ZIP	CORAL GABLES FL 33133	1.4 CITY-ST-ZIP	
TITLE	STD <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MORETZ, ARLENE	2.2 NAME	
STREET ADDRESS	73 EDGEWATER DR. #2	2.3 STREET ADDRESS	
CITY-ST-ZIP	CORAL GABLES FL 33133	2.4 CITY-ST-ZIP	
TITLE	VPD <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RIVERA, LESLIE	3.2 NAME	
STREET ADDRESS	73 EDGEWATER DR. #4	3.3 STREET ADDRESS	
CITY-ST-ZIP	CORAL GABLES FL 33133	3.4 CITY-ST-ZIP	
TITLE	VPD <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	VALENTA, VIRGINIA	4.2 NAME	
STREET ADDRESS	3401 N COUNTRY CLUB DR. #803	4.3 STREET ADDRESS	
CITY-ST-ZIP	AVENTURA FL 33180	4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Arlene Moretz 5/6/96 305-347-6715
ARLENE MORETZ Date Daytime Phone #

CR2E037 (12/95)