


# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Feb 16, 2005 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # 707048</b> 1. Entity Name <b>73 EDGEWATER DRIVE CONDOMINIUM INC</b>	
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Principal Place of Business <b>73 EDGEWATER DRIVE SUITE 2 MIAMI FL 33133 US</b>	Mailing Address <b>73 EDGEWATER DRIVE SUITE 2 CORAL GABLES FL 33133 US</b>
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1st MOORE CR2E037 (10/04)

2. Principal Place of Business  Suite, Apt #, etc.	3. Mailing Address  Suite, Apt #, etc.
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City & State	City & State
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4. FEI Number <b>65-0267752</b>	<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
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Zip	Country	Zip	Country
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
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<b>6. Name and Address of Current Registered Agent</b>  <b>MORETZ, ARLENE 73 EDGEWATER DR #2 CORAL GABLES FL 33133</b>
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<b>7. Name and Address of New Registered Agent</b> Name Street Address (P.O. Box Number is Not Acceptable)  City	FL	Zip Code
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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 _____ <small>Signature, typed or printed name of registered agent and title if applicable</small>	DATE _____ <small>(NOTE: Registered Agent signature required when reinstating)</small>
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**FILE NOW: FEE IS \$61.25  
Due By May 1, 2005**

9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
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**Make Check Payable to  
Florida Department of State**

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>PD</b> <b>BANKO, CONNIE</b> <input type="checkbox"/> Delete <b>73 EDGEWATER DR. #4</b> <b>CORAL GABLES FL 33133</b>
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>T</b> <b>MORETZ, ARLENE</b> <input type="checkbox"/> Delete <b>73 EDGEWATER DR. #2</b> <b>CORAL GABLES FL 33133</b>
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>S</b> <b>RIVERA, LESLIE</b> <input type="checkbox"/> Delete <b>73 EDGEWATER DR. #4</b> <b>CORAL GABLES FL 33133</b>
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>VPD</b> <b>VALENTA, VIRGINIA</b> <input type="checkbox"/> Delete <b>3401 N COUNTRY CLUB DR. #803</b> <b>AVENTURA FL 33180</b>
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition <div style="text-align: center; font-family: monospace;">                         UN0000231787                          02/16/05-80044-017 61.25                     </div>
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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.

<b>SIGNATURE:</b> <i>Arlene Moretz</i> <b>Treasurer</b>	Date: <b>01-24-05</b>	Daytime Phone: <b>305-666-6150</b>
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	<small>Date</small>	<small>Daytime Phone</small>