

FILE NOW: FILING FEE IS \$61.25

FILED
May 13 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N94000000358 (1)
 1. Corporation Name
BMJ MCLEOD PROPERTY, INC.



Principal Place of Business 4249 L.B. MCLEOD ROAD ORLANDO FL 32811	Mailing Address 4249 L.B. MCLEOD ROAD ORLANDO FL 32811-5616
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3. Date Incorporated or Qualified 01/25/1994	3a. Date of Last Report 05/01/1996
4. FEI Number NOT APPLICABLE	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip Country	28 Zip Country
24	29
25	30

9. Name and Address of Current Registered Agent

HARBERT, RONALD A
225 E ROBINSON STREET
SUITE 600
ORLANDO FL 32801

10. Name and Address of New Registered Agent

81 Name
 82 Street Address (P.O. Box Number is Not Acceptable)
 83
 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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	BUCK, ROBERT	
STREET ADDRESS	4249 L.B. MCLEOD ROAD	
CITY-ST-ZIP	ORLANDO FL 32811	
TITLE	STD	<input type="checkbox"/> DELETE
NAME	MCGARRY, ROBERT	
STREET ADDRESS	728 WEST ALAMEDA STREET	
CITY-ST-ZIP	ORLANDO FL 32804	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	JONES, PAUL	
STREET ADDRESS	4241 L.B. MCLEOD ROAD	
CITY-ST-ZIP	ORLANDO FL 32811	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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: _____ **SIGNATURE REQUIRED** *April 30, 1997* **407-844-2535**
Signature and typed or printed name of signing officer or director Date Daytime Phone # 0017177

CR2E037 (9/96)

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NONPROFIT CORPORATION ANNUAL REPORT 1997



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

DOCUMENT # N94000006262 (9)

1. Corporation Name

EDGEWATER AT HARBOR ISLANDS ASSOCIATION, INC.



Principal Place of Business

Mailing Address

255 ALHAMBRA CIR
CORAL GABLES FL 33134

255 ALHAMBRA CIR
CORAL GABLES FL 33134-7411

3. Date Incorporated or Qualified
12/23/1994

3a. Date of Last Report
05/01/1996

2. Principal Place of Business

2a. Mailing Address

21

26

4. FEI Number

05-0582180

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

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

GETMAN, DENNIS J
255 ALHAMBRA CIR
CORAL GABLES FL 33134

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE VD DELETE
NAME GETMAN, DENNIS J
STREET ADDRESS 255 ALHAMBRA CIR
CITY-ST-ZIP CORAL GABLES FL 33134

1.1 TITLE Change Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

TITLE S DELETE
NAME KERRIGAN, JUANITA I
STREET ADDRESS 255 ALHAMBRA CIR
CITY-ST-ZIP CORAL GABLES FL 33134

2.1 TITLE Change Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

TITLE D DELETE
NAME MCNAIRY, CHARLES L
STREET ADDRESS 255 ALHAMBRA CIR
CITY-ST-ZIP CORAL GABLES FL 33134

3.1 TITLE Change Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE T DELETE
NAME SOPSHIN, JEFFERY A
STREET ADDRESS 255 ALHAMBRA CIRCLE
CITY-ST-ZIP CORAL GABLES FL 33134

4.1 TITLE Change Addition
4.2 NAME T ZALKIN, HENRY
4.3 STREET ADDRESS 255 ALHAMBRA CIRCLE
4.4 CITY-ST-ZIP CORAL GABLES, FL 33134

TITLE PD DELETE
NAME TANEL, AMIKAM
STREET ADDRESS 255 ALHAMBRA CIRCLE
CITY-ST-ZIP CORAL GABLES FL 33134

5.1 TITLE Change Addition
5.2 NAME PD DECKARD, JAY
5.3 STREET ADDRESS 255 ALHAMBRA CIRCLE
5.4 CITY-ST-ZIP CORAL GABLES, FL 33134

TITLE DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE Change Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: *Juanita I. Kerrigan* (305) 442-7000
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0027167

CR2E037 (9/96)