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NONPROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # N94000006262

1. Corporation Name
EDGEWATER AT HARBOR ISLANDS ASSOCIATION, INC.

534023 - 90109 - 41

Principal Place of Business
 255 ALHAMBRA CIR
 CORAL GABLES FL 33134

Mailing Address
 255 ALHAMBRA CIR
 CORAL GABLES FL 33134



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21	201 Alhambra Circle	26	201 Alhambra Circle	12/23/1994	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	
22	12th Floor	27	12th Floor	05-0582180	
City & State		City & State		Applied For	
23	Coral Gables, Florida	28	Coral Gables, Florida	Not Applicable	
Zip Country		Zip Country		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
24	33134	29	33134	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
25		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	201 Alhambra Circle		
				84	12th Floor		
				85	City		
					Coral Gables		
					FL		
					Zip Code		
					33134		

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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD <input type="checkbox"/> DELETE	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GETMAN, DENNIS J	1.2 NAME	
STREET ADDRESS	255 ALHAMBRA CIR	1.3 STREET ADDRESS	201 Alhambra Circle 12th Floor
CITY-ST-ZIP	CORAL GABLES FL 33134	1.4 CITY-ST-ZIP	Coral Gables, Florida 33134
TITLE	S <input type="checkbox"/> DELETE	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KERRIGAN, JUANITA I	2.2 NAME	
STREET ADDRESS	255 ALHAMBRA CIR	2.3 STREET ADDRESS	201 Alhambra Circle 12th Floor
CITY-ST-ZIP	CORAL GABLES FL 33134	2.4 CITY-ST-ZIP	Coral Gables, Florida 33134
TITLE	D <input type="checkbox"/> DELETE	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MCAIRY, CHARLES L	3.2 NAME	
STREET ADDRESS	255 ALHAMBRA CIR	3.3 STREET ADDRESS	201 Alhambra Circle 12th Floor
CITY-ST-ZIP	CORAL GABLES FL 33134	3.4 CITY-ST-ZIP	Coral Gables, Florida 33134
TITLE	T <input checked="" type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ZALKIN, HENRY	4.2 NAME	
STREET ADDRESS	255 ALHAMBRA CIRCLE	4.3 STREET ADDRESS	
CITY-ST-ZIP	CORAL GABLES FL	4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	T <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		5.2 NAME	Whalen, Patricia
STREET ADDRESS		5.3 STREET ADDRESS	201 Alhambra Circle 12th Floor
CITY-ST-ZIP		5.4 CITY-ST-ZIP	Coral Gables, Florida 33134
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		6.2 NAME	Offenberg, Bernard
STREET ADDRESS		6.3 STREET ADDRESS	201 Alhambra Circle 12th Floor
CITY-ST-ZIP		6.4 CITY-ST-ZIP	Coral Gables, Florida 33134

14. I 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, with all other like empowered.

SIGNATURE: *[Signature]* SIGNATURE REQUIRED: JUANITA I KERRIGAN 4/23/99 (305) 442-7000
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Day/Time Phone #

CR2E037 (11/98)