

2000 UNIFORM BUSINESS REPORT (UBR)

2/1

FILED
May 03, 2000 8:00 am
Secretary of State

02-05-2000 90051 010 ****61.25

DOCUMENT # N94000006262

1. Entity Name

EDGEWATER AT HARBOR ISLANDS ASSOCIATION, INC.

Principal Place of Business

Mailing Address

960 HARBOR ISLANDS DR.
 HOLLYWOOD FL 33019

960 HARBOR ISLANDS DR.
 HOLLYWOOD FL 33019-5032

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country



DO NOT WRITE IN THIS SPACE

4. FEI Number

05-0582180

Applied For
 Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

BURG, LEE H ESQ.
 C/O BECKER & POLIAKOFF, P.A.
 3111 STIRLING ROAD
 FORT LAUDERDALE FL 33312

Name

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

City

FL

Zip Code

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW:
 FEE IS \$61.25**

9. Election Campaign Financing
 Trust Fund Contribution.

\$5.00 May Be
 Added to Fees

**Make Check Payable to
 Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	GETMAN, DENNIS J	
STREET ADDRESS	201 ALHAMBRA CIRCLE, 12TH FLOOR	
CITY-ST-ZIP	CORAL GABLES FL 33134	
TITLE	S	<input checked="" type="checkbox"/> Delete
NAME	KERRIGAN, JUANITA I	
STREET ADDRESS	201 ALHAMBRA CIRCLE, 12TH FLOOR	
CITY-ST-ZIP	CORAL GABLES FL 33134	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	MCAIRY, CHARLES L	
STREET ADDRESS	201 ALHAMBRA CIRCLE, 12TH FLOOR	
CITY-ST-ZIP	CORAL GABLES FL 33134	
TITLE	T	<input checked="" type="checkbox"/> Delete
NAME	WALEN, PATRICIA	
STREET ADDRESS	201 ALHAMBRA CIRCLE, 12TH FLOOR	
CITY-ST-ZIP	CORAL GABLES FL 33134	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	OFFENBERG, BERNARD	
STREET ADDRESS	201 ALHAMBRA CIRCLE, 12TH FLOOR	
CITY-ST-ZIP	CORAL GABLES FL 33134	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	President	Director	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Gordon, Mel		
STREET ADDRESS	960 Harbor Islands Drive		
CITY-ST-ZIP	Hollywood, FL 33019		
TITLE	Vice-President	Director	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Chaykin, Louis		
STREET ADDRESS	Same as above		
CITY-ST-ZIP			
TITLE	Secretary	Treasurer	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Sultan, Marc		
STREET ADDRESS	Same as above		
CITY-ST-ZIP			
TITLE			<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE			<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			
STREET ADDRESS			
CITY-ST-ZIP			

12. 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 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.

SIGNATURE:

SIGNATURE REQUIRED

6/25/2000

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #