


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 22, 2008 08:00 A
Secretary of State

DOCUMENT # N94000006262
 1. Entity Name
EDGEWATER AT HARBOR ISLANDS ASSOCIATION, INC.



Principal Place of Business 980 HARBOR ISLANDS DR HOLLYWOOD, FL 33019	Mailing Address 980 HARBOR ISLANDS DR HOLLYWOOD, FL 33019
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01042008 No Chg-NP CR2E037 (4/06)

4. FEI Number 65-0587180	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
BECKER & POLIAKOFF, P.A.
ATTN: DAVID ROGEL, ESQ.
121 ALHAMBRA PLAZA STE 1000
CORAL GABLES, FL 33134

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6. 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____
Signature, typed or printed name of registered agent and title if applicable.

Filing Fee Is \$61.25
Due by May 1, 2008

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

U00000791464
 01/23/08-80074-020 61.25

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD KUPERSTEIN, STANLEY 980 HARBOR ISLANDS DR. HOLLYWOOD, FL 33019
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD MEDINA, CANDICE 980 HARBOR ISLANDS DR HOLLYWOOD, FL 33019
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD KRONRAD, DAVID 980 HARBOR ISLANDS DR HOLLYWOOD, FL 33019
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:  **1/8/08 305-357-8468**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #