


FILE NOW: FILING FEE IS \$61.25

FILED

May 18 1998 8:00am
Secretary of State

| | | | | | |
|--|-----------------------|--|---|---|--|
| NONPROFIT CORPORATION ANNUAL REPORT 1998 | |  | | 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 255 ALHAMBRA CIR CORAL GABLES FL 33134 | | | Mailing Address 255 ALHAMBRA CIR CORAL GABLES FL 33134 | | |
| 2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country | | 2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country | | 3. Date Incorporated or Qualified 12/23/1994 4. FEI Number 05-0582180 Applied For Not Applicable | |
| 5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required | | 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees | | | |
| 7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input type="checkbox"/> No | | 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No | | | |
| 9. Name and Address of Current Registered Agent GETMAN, DENNIS J 255 ALHAMBRA CIR CORAL GABLES FL 33134 | | | 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 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 | <input type="checkbox"/> DELETE | 1.1 TITLE | PD | <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 | | |
| CITY-ST-ZIP | CORAL GABLES FL 33134 | | 1.4 CITY-ST-ZIP | | |
| TITLE | S | <input type="checkbox"/> DELETE | 2.1 TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | KERRIGAN, JUANITA I | | 2.2 NAME | | |
| STREET ADDRESS | 255 ALHAMBRA CIR | | 2.3 STREET ADDRESS | | |
| CITY-ST-ZIP | CORAL GABLES FL 33134 | | 2.4 CITY-ST-ZIP | | |
| TITLE | D | <input type="checkbox"/> DELETE | 3.1 TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | MCAIRY, CHARLES L | | 3.2 NAME | | |
| STREET ADDRESS | 255 ALHAMBRA CIR | | 3.3 STREET ADDRESS | | |
| CITY-ST-ZIP | CORAL GABLES FL 33134 | | 3.4 CITY-ST-ZIP | | |
| TITLE | T | <input 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 | PD | <input checked="" type="checkbox"/> DELETE | 5.1 TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | DECKARD, JAY | | 5.2 NAME | | |
| STREET ADDRESS | 255 ALHAMBRA CIRCLE | | 5.3 STREET ADDRESS | | |
| CITY-ST-ZIP | CORAL GABLES FL | | 5.4 CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> DELETE | 6.1 TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | | 6.2 NAME | | |
| STREET ADDRESS | | | 6.3 STREET ADDRESS | | |
| CITY-ST-ZIP | | | 6.4 CITY-ST-ZIP | | |
| 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. | | | | | |
| SIGNATURE: <i>Juanita I. Kerrigan</i> <i>Secretary</i> 4/30/98 (305) 442-7000 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0027181 | | | | | |

CR2E037 (10/97)