

**2007 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Feb 12, 2007 8:00 am**  
**Secretary of State**

02-12-2007 90065 021 \*\*\*\*61.25

**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

40013180



01152007 No Chg-NP

CR2E037 (4/06)

**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

BECKER & POLIAKOFF, P.A.  
ATTN: DAVID ROGER, ESQ.  
121 ALHAMBRA PLAZA STE 1000  
MIAMI, FL 33134

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IN THIS SPACE**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reissuing)

DATE

**Filing Fee is \$61.25  
Due by May 1, 2007**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE PD  
NAME GORDON, MEL  
STREET ADDRESS 980 HARBOR ISLANDS DR.  
CITY-ST-ZIP HOLLYWOOD, FL 33019

TITLE VPD  
NAME CHAYKIN, LOUIS  
STREET ADDRESS 980 HARBOR ISLANDS DR  
CITY-ST-ZIP HOLLYWOOD, FL 33019

TITLE STD  
NAME PIONE, NONA  
STREET ADDRESS 980 HARBOR ISLANDS DR  
CITY-ST-ZIP HOLLYWOOD, FL 33019

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**DO NOT WRITE  
IN THIS SPACE**

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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/17/07

Date

Daytime Phone #