## N94000016262

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## **COVER LETTER**

TO: Amendment Section Division of Corporations							
SUBJECT: Edgewater at Harbor Islands Association, Inc.  Name of Corporation							
DOCUMENT NUMBER: N9400006262							
The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.							
Please return all correspondence concerning this matter to the following:							
Michelle Belardo							
Name of Contact Person							
Edgewater at Harbor Islands Association, Inc. Firm/Company							
1 in a Company							
980 Harbor Islands Drive							
Address							
Hollywood, Fl. 33019							
City/State and Zip Code							
LIDOA2@COMCAST NET							
HIPOA3@COMCAST.NET  E-mail address: (to be used for future annual report notification)							
For further information concerning this matter, please call:							
Michelle Belardo at (954) 454-1662  Name of Contact Person Area Code & Daytime Telephone Number							
Name of Contact Person Area Code & Daytime Telephone Number							
Enclosed is a \$35.00 check made payable to the Department of State.							
Mailing Address: Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314  Street Address: Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle							

Tallahassee, FL 32301

## STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

statement of cha	mgê is submitted for a co	rporation organize	607.1508, or 617.1508, Flo d under the laws of the Stat d agent, or both, in the Stat	te of Florida	
1. The name of	the corporation: Edge	vater at Harb	or Islands Associa ive, Hollywood, Florid	tion, Inc.	
3. The mailing a	address (if different):				
4. Date of incorp	poration/qualification:	12/23/1994	Document number:	N940000062	262
	l street address of the cur rtment of State: (If resign		nt and registered office on f	file with the	
	Becker & Poliakoff	, P.A David R	ogel, Esq.		
	121 Alhambra Plaz	za, Suite 1000			
	Coral Gables, Fl.	33134			
6. The name and (if changed):			if changed) and /or register	9 OCT	
	4000 Hollywood BI	vd., Suite 265 S		- 300 32	<u>m</u>
	Hollywood, Fl. 330			3: 5 ORE	
The street addre	ess of its registered office be identical.	e and the street ad	dress of the business offic		gent,
-			y its board of directors or ied in writing of the chang	by an officer so	
Signatu	re of an officer or director		Printed or typed narr	Cronrad F	)resident
I hereby accept I further agree of my duties, an document is bei corporation has	the annointment as rea	istered agent and a isions of all statute I accept the obliga t a change in the r g of this change.	agree to act in this capacity is relative to the proper an ition of my position as reg egistered office address, I Day	ty. id complete perforn istered agent. Or, I hereby confirm tha	nance if this it the
T	yped or Printed Name				

\* \* \* FILING FEE: \$35.00 \* \* \*