## 1194000006262

(Requestor's Name)						
(Address)						
(Address)						
(City/State/Zip/Phone #)						
PICK-UP WAIT MAIL						
(Business Entity Name)						
(Document Number)						
Certified Copies Certificates of Status						
Special Instructions to Filing Officer:						

Office Use Only



700267312357

12/12/14--01018--018 \*\*35.00

SECRETARY OF STATE ON STATE OF CORPORATION OF CORPORATION 14 DEC 12 AM 8: 34

1.1/18/14

## **COVER LETTER**

TO: Amendment Section Division of Corporations
SUBJECT: Edgewater at Harbor Islands Association, Inc
8/04/22
DOCUMENT NUMBER: N94 00000 6262
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:
Fran Madley
Name of Contact Person
Edgewater at Harbor Islands Firm/Company
980 Harbor Islands Drive
Hollywood FL 33019 City/State and Zip Code
Citý/State and Zip Code
hippoarconcestinet
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Fran Madley 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

Pursuant to the provision statement of change is su	•			•	is
	ge its registered office or	<del>-</del>	· · · · · · · · · · · · · · · · · · ·		_ <del>_</del>
i. The name of the corpo	ration: Edgewater	at Harbon	Islands	Association,	Inc.
2. The principal office ad	dress: 980 H	erbor Isla	ends Dri	ve	
	Holly w	ood FL	33019		**************************************
3. The mailing address (i	f different):			·	
4. Date of incorporation/o	qualification: 4/11/	1996 Docu	ment number:	N940	0000
5. The name and street ad Florida Department of	ldress of the current regis State: (If resigned, enter		gistered office o	on file with the	•
Josh	wakrut, Esq.				
Wei 20	iss Serota Helfr o E. Broward	nan Pastoriz Blud, Suite	a Cole Bon 1900	isk	• .
Fo	ort Laudordale,	FL 3371			14 DEC
	Burton Lar South Florida 1920 E. Ha Hallandalez	Law PLLC Mandale Br FL 33009 ox NOT acceptable	each Blud.	Suitesos	12 AM 8: 34
The street address of its ras changed will be identicated	registered office and the	street address of tl	he business off	ice of its registered	agent,
Such change was authorized by the board	zed by resolution duly ac or the corporation has be	dopted by its board en notified in wri	d of directors o	r by an officer so nge.	
Schallure gransmit	(300	Pro	siden	<u>Y                                     </u>	
I hereby accept the appoil further agree to comply performance of my duties agent. Or, if this docume hereby confirm that the confirmation that the confirmati	ntment as registered age with the provisions of a and I am familiar with	ll statul <b>es relat</b> ive and accept the ob	ct in this capac to the proper d	and complete position as register	ged
116		111	121/14		
Signature of Reg	istered Agent		Dute		
If signing on behalf of an	entity:				
BURTON LANDAN Typed or Printe		h Florida	Law, PLI	L C	
	* * * FILIN	G FEE: \$35.00 *	* *		

Make checks payable to Florida Department of State Mail to: Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314 CR2E045 (03/12)