

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995. AMOUNT DUE ON OR BEFORE 8/9/95: \$165 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$305)**

NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**  
Jan 22 1996 8:00 am  
Secretary of State

**DOCUMENT #** N07166  
1. Corporation Name

**EDGEWATER PARK HOMEOWNERS' ASSOCIATION, INC.**

Principal Place of Business Mailing Address  
**Harbor Management SVCS, Inc.**  
PO Box 924176 PO Box 924176  
Homestead, FL 33092 Homestead, FL 33092

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified <b>01/17/1985</b>	3a. Date of Last Report <b>03/1/1995</b>
4. FEI Number <b>59-2374222</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status <input checked="" type="checkbox"/>	<b>FILING FEE IS \$61.25</b>
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business 21 <b>13400 SW 115 Court</b> Suite, Apt. #, etc.	2a. Mailing Address 26 <b>13517 SW 116 Place</b> Suite, Apt. #, etc.
22 City & State 23 <b>Miami Florida</b>	27 City & State 28 <b>Miami Florida</b>
24 Zip <b>33176</b>	25 Country <b>USA</b>
29 Zip <b>33176</b>	30 Country <b>USA</b>

**9. Name and Address of Current Registered Agent**

**HARBOR MANAGEMENT SVCS, INC**  
27501 S DIXIE HWY, SUITE 207  
C/O RAYMOND D. VAN HOOK, PRESIDENT  
HOMESTEAD, FL 33032

**10. Name and Address of New Registered Agent**

81 Name <b>Mario Zamora</b>
82 Street Address (P.O. Box Number is Not Acceptable) <b>13519 SW 116 Place</b>
83
84 City <b>Miami</b>
85 Zip Code <b>FL 33176</b>

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: M. Zamora DATE: 1/10/96  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PD SAUNDERS, ERROL</b> <b>13527 SW 113 COURT</b> <b>MIAMI, FL 33176</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>SD CORDOVA, GLADYS</b> <b>11267 SW 133 TERRACE</b> <b>MIAMI, FL 33176</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D ALBALATE, EULALIA</b> <b>13404 SW 116 COURT</b> <b>MIAMI, FL 33176</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	<b>PD ZAMORA, MARIO</b> <b>13519 SW 116 PLACE</b> <b>MIAMI, FL 33176</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	<b>SD CULLEN, CANDY #13</b> <b>11275 SW 133 TERRACE</b> <b>MIAMI, FL 33176</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	<b>VP/D GUTIERREZ, ANIBAL</b> <b>13521 SW 113 PLACE</b> <b>MIAMI, FL 33176</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	<b>T/D GOMEZ, WILFREDO</b> <b>13334 SW 113 PLACE</b> <b>MIAMI, FL 33176</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	
6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 617.0502(1), 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: X M. Zamora **MARIO ZAMORA, PRES.** Date: 12/28/95 (305) 262-2444  
Signature and typed or printed name of signing officer or director

CR2E037 (3/95)

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