

**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 # NO7166  
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 3a. Date of Last Report  
01/17/1985 03/1/1995  
4. FEI Number Applied For  
59-2374222 Not Applicable  
5. Certificate of Status Desired  \$8.75 Additional Fee Required  
6. Election Campaign Financing Trust Fund Contribution  \$5.00 May Be Added to Fees  
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status  FILING FEE IS \$61.25  
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes  Yes  No

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

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

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

(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	PD
NAME	SAUNDERS, ERROL
STREET ADDRESS	13527 SW 113 COURT
CITY-ST-ZIP	MIAMI, FL 33176
TITLE	SD
NAME	CORDOVA, GLADYS
STREET ADDRESS	11267 SW 133 TERRACE
CITY-ST-ZIP	MIAMI, FL 33176
TITLE	D
NAME	ALBALATE, EULALIA
STREET ADDRESS	13404 SW 116 COURT
CITY-ST-ZIP	MIAMI, FL 33176
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	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	ZAMORA, MARIO	
1.3 STREET ADDRESS	13519 SW 116 PLACE	
1.4 CITY-ST-ZIP	MIAMI, FL 33176	
2.1 TITLE	SD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	CULLEN, CANDY #13	
2.3 STREET ADDRESS	11275 SW 133 TERRACE	
2.4 CITY-ST-ZIP	MIAMI, FL 33176	
3.1 TITLE	VP/D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	GUTIERREZ, ANIBAL	
3.3 STREET ADDRESS	13521 SW 113 PLACE	
3.4 CITY-ST-ZIP	MIAMI, FL 33176	
4.1 TITLE	T/D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	GOEZ, WILFREDO	
4.3 STREET ADDRESS	13334 SW 113 PLACE	
4.4 CITY-ST-ZIP	MIAMI, FL 33176	
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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. 12/28/95 (305)262-2444  
Date Daytime Phone #

CR2E037 (3/95)

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