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FILED
May 13 1997 8:00am
Secretary of State

NONPROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # N94000000358 (1)

1. Corporation Name

BMJ MCLEOD PROPERTY, INC.

Principal Place of Business

4249 L.B. MCLEOD ROAD
ORLANDO FL 32811

Mailing Address

4249 L.B. MCLEOD ROAD
ORLANDO FL 32811-5616

3. Date Incorporated or Qualified
01/25/1994

3a. Date of Last Report
05/01/1996

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

30 Country

4. FEI Number

NOT APPLICABLE

Applied For

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

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes

☐

Yes

☐

No

9. Name and Address of Current Registered Agent

HARBERT, RONALD A
225 E ROBINSON STREET
SUITE 600
ORLANDO FL 32801

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85

Zip Code

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PD
NAME BUCK, ROBERT
STREET ADDRESS 4249 L.B. MCLEOD ROAD
CITY-ST-ZIP ORLANDO FL 32811

DELETE

TITLE STD
NAME MCGARRY, ROBERT
STREET ADDRESS 728 WEST ALAMEDA STREET
CITY-ST-ZIP ORLANDO FL 32804

DELETE

TITLE VD
NAME JONES, PAUL
STREET ADDRESS 4241 L.B. MCLEOD ROAD
CITY-ST-ZIP ORLANDO FL 32811

DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

Change

Addition

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

Change

Addition

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

Change

Addition

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

Change

Addition

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

Change

Addition

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

Change

Addition

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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:

SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

April 30, 1997

407-844-2535
Daytime Phone # 0017177

CR2E037 (9/96)

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NONPROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # N94000006262 (9)

1. Corporation Name

EDGEWATER AT HARBOR ISLANDS ASSOCIATION, INC.



Principal Place of Business

Mailing Address

255 ALHAMBRA CIR
CORAL GABLES FL 33134

255 ALHAMBRA CIR
CORAL GABLES FL 33134-7411

3. Date Incorporated or Qualified
12/23/1994

3a. Date of Last Report
05/01/1996

2. Principal Place of Business

2a. Mailing Address

21

26

4. FEI Number

05-0582180

Applied For

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**

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**GETMAN, DENNIS J
255 ALHAMBRA CIR
CORAL GABLES FL 33134**

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE **VD** ☐ DELETE
NAME **GETMAN, DENNIS J**
STREET ADDRESS **255 ALHAMBRA CIR**
CITY - ST - ZIP **CORAL GABLES FL 33134**

TITLE **S** ☐ DELETE
NAME **KERRIGAN, JUANITA I**
STREET ADDRESS **255 ALHAMBRA CIR**
CITY - ST - ZIP **CORAL GABLES FL 33134**

TITLE **D** ☐ DELETE
NAME **MCAIRY, CHARLES L**
STREET ADDRESS **255 ALHAMBRA CIR**
CITY - ST - ZIP **CORAL GABLES FL 33134**

TITLE **T** ☒ DELETE
NAME **SOPSHIN, JEFFERY A**
STREET ADDRESS **255 ALHAMBRA CIRCLE**
CITY - ST - ZIP **CORAL GABLES FL 33134**

TITLE **PD** ☒ DELETE
NAME **TANEL, AMIKAM**
STREET ADDRESS **255 ALHAMBRA CIRCLE**
CITY - ST - ZIP **CORAL GABLES FL 33134**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY - ST - ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY - ST - ZIP

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY - ST - ZIP

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY - ST - ZIP

4.1 TITLE ☐ Change ☒ Addition
4.2 NAME **T**
4.3 STREET ADDRESS **ZALKIN, HENRY**
4.4 CITY - ST - ZIP **255 ALHAMBRA CIRCLE**
CORAL GABLES, FL 33134

5.1 TITLE ☐ Change ☒ Addition
5.2 NAME **PD**
5.3 STREET ADDRESS **DECKARD, JAY**
5.4 CITY - ST - ZIP **255 ALHAMBRA CIRCLE**
CORAL GABLES, FL 33134

6.1 TITLE ☐ Change ☐ 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 does not qualify for the exemption stated in Section 119.07(3)(i), 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: *Signature of Juanita I. Kerrigan* **J. KERRIGAN** *4/25/97* **(305) 442-7000**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0027167

CR2E037 (9/96)