


# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 02, 2006 8:00 am**  
**Secretary of State**

02-02-2006 90081 048 \*\*\*\*61.25

<b>DOCUMENT # N94000006262</b> 1. Entity Name EDGEWATER AT HARBOR ISLANDS ASSOCIATION, INC.			
Principal Place of Business 960 HARBOR ISLANDS DR. HOLLYWOOD, FL 33019		Mailing Address 50050-00 HARBOR ISLANDS DR. HOLLYWOOD, FL 33019	
2. Principal Place of Business 980 Harbor Islands Dr		3. Mailing Address 980 Harbor Islands Dr	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State Hollywood, FL		City & State Hollywood, FL	
Zip 33019		Zip 33019	
Country		Country	
4. FEI Number 05-0582180		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent  BECKER & POLIAKOFF, P.A. ATTN: DAVID ROGER, ESQ. 121 ALHAMBRA PLAZA STE 1000 MIAMI, FL 33134		7. Name and Address of New Registered Agent  Name  Street Address (P.O. Box Number is Not Acceptable)  City <div style="display: flex; justify-content: space-between;"> <span>FL</span> <span>Zip Code</span> </div>	
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.			
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering) DATE</small>			
<b>Filing Fee is \$61.25</b> <b>Due by May 1, 2006</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	
<b>\$5.00 May Be Added to Fees</b>		<b>Make check payable to Florida Department of State</b>	
<b>10. OFFICERS AND DIRECTORS</b>		<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD GORDON, MEL 960 HARBOR ISLANDS DRIVE HOLLYWOOD, FL 33019	TITLE NAME STREET ADDRESS CITY-ST-ZIP	President Mel Gordon 980 Harbor Islands Dr Hollywood, FL 33019
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD CHAYKIN, LOUIS 960 HARBOR ISLANDS DRIVE HOLLYWOOD, FL 33019	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Vice-President Louis Chaykin 980 Harbor Islands Dr Hollywood, FL 33019
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD PIONE, NONA 960 HARBOR ISLANDS DRIVE HOLLYWOOD, FL 33019	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Secretary/Treasurer Nona Pione 980 Harbor Islands Dr. Hollywood, FL 33019
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address with all other like empowered.			
<b>SIGNATURE:</b> _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		Date _____ Daytime Phone # _____	