2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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Secretary of State
02-12-2007 90065 021 ****61.25

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1. Entity Name
EDGEWATER AT HARBOR ISLANDS ASSOCIATION, INC.

Principal Place of Business	Mailing Address
980 HARBOR ISLANDS DR HOLLYWOOD, FL 33019	980 HARBOR ISLANDS DR HOLLYWOOD, FL 33019

40013180

01152007 No Chg-NP CR2E037 (4/06)

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4. FEI Number
05-0582180
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$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

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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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is $61.25
Due by May 1, 2007

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	GORDON, MEL
STREET ADDRESS	980 HARBOR ISLANDS DR.
CITY-ST-ZIP	HOLLYWOOD, FL 33019
TITLE	VPD
NAME	CHAYKIN, LOUIS
STREET ADDRESS	980 HARBOR ISLANDS DR
CITY-ST-ZIP	HOLLYWOOD, FL 33019
TITLE	STD
NAME	PIONE, NONA
STREET ADDRESS	980 HARBOR ISLANDS DR
CITY-ST-ZIP	HOLLYWOOD, FL 33019
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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.

SIGNATURE: _____ 1/7/07
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #