

**2007 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT****FILED**  
**Dec 12, 2007**  
**Secretary of State**

DOCUMENT# N94000006262

**Entity Name:** EDGEWATER AT HARBOR ISLANDS ASSOCIATION, INC.**Current Principal Place of Business:**980 HARBOR ISLANDS DR  
HOLLYWOOD, FL 33019**New Principal Place of Business:****Current Mailing Address:**980 HARBOR ISLANDS DR  
HOLLYWOOD, FL 33019**New Mailing Address:****FEI Number:** 65-0587180**FEI Number Applied For ( )****FEI Number Not Applicable ( )****Certificate of Status Desired ( )****Name and Address of Current Registered Agent:**BECKER & POLIAKOFF, P.A.  
ATTN: DAVID ROGER, ESQ.  
121 ALHAMBRA PLAZA STE 1000  
MIAMI, FL 33134 US**Name and Address of New Registered Agent:**BECKER & POLIAKOFF, P.A.  
ATTN: DAVID ROGEL, ESQ.  
121 ALHAMBRA PLAZA STE 1000  
CORAL GABLES, FL 33134 US

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.

SIGNATURE: \_\_\_\_\_

12/12/2007

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete  
Name: GORDON, MEL  
Address: 980 HARBOR ISLANDS DR.  
City-St-Zip: HOLLYWOOD, FL 33019

Title: VPD ( ) Delete  
Name: PIONE, NONA  
Address: 980 HARBOR ISLANDS DR  
City-St-Zip: HOLLYWOOD, FL 33019

Title: STD ( ) Delete  
Name: KLEIN, MORTON  
Address: 980 HARBOR ISLANDS DR  
City-St-Zip: HOLLYWOOD, FL 33019

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: PD (X) Change ( ) Addition  
Name: KUPERSTEIN, STANLEY  
Address: 980 HARBOR ISLANDS DR.  
City-St-Zip: HOLLYWOOD, FL 33019

Title: VPD (X) Change ( ) Addition  
Name: MEDINA, CANDICE  
Address: 980 HARBOR ISLANDS DR  
City-St-Zip: HOLLYWOOD, FL 33019

Title: STD (X) Change ( ) Addition  
Name: KRONRAD, DAVID  
Address: 980 HARBOR ISLANDS DR  
City-St-Zip: HOLLYWOOD, FL 33019

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: STANLEY KUPERSTEIN

PD

12/12/2007

Electronic Signature of Signing Officer or Director

Date