

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N94000006262

FILED
Jan 19, 2009
Secretary of State

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:

980 HARBOR ISLANDS DRIVE
HOLLYWOOD, FL 33019

Current Mailing Address:

980 HARBOR ISLANDS DR
HOLLYWOOD, FL 33019

New Mailing Address:

980 HARBOR ISLANDS DRIVE
HOLLYWOOD, FL 33019

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 ROGEL, ESQ.
121 ALHAMBRA PLAZA STE 1000
CORAL GABLES, FL 33134 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

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

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

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

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: STD (X) Change () Addition
Name: PIONE, NONA
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: DAVID KRONRAD

PD

01/19/2009

Electronic Signature of Signing Officer or Director

Date