

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Mar 09, 1999 8:00 am
Secretary of State

03-09-1999 90144 008 ****61.25

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DOCUMENT # 725062

1. Corporation Name

THE EDGEWOOD UNIT TEN ASSOCIATION INC

Principal Place of Business

22775 S.W. 66TH AVENUE
BOCA RATON FL 33428

Mailing Address

22775 S.W. 66TH AVENUE
BOCA RATON FL 33428



2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip

25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

29 Country

3. Date Incorporated or Qualified

12/19/1972

4. FEI Number

59-1587167

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing ☐

\$5.00 May Be
Added to Fees

9. Name and Address of Current Registered Agent

FREDA, MARY
22775 S.W. 66TH AVENUE, APT. #208
BOCA RATON FL 33428

10. Name and Address of New Registered Agent

81 Name **SYLVIA BERKOWITZ**
82 Street Address (P.O. Box Number is Not Acceptable)
22775 S.W. 66TH AVE #107
83 **BOCA RATON,**
84 City **FL** 85 Zip Code **33428**

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 **SYLVIA BERKOWITZ** *Sylvia Berkowitz* **TD** **2-26-99**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS ☐ DELETE

TITLE **VPD**
NAME **ZANZARELLA, PHILIP**
STREET ADDRESS **22775 SW 66TH AVE #105**
CITY-ST-ZIP **BOCA RATON FL 33428**

TITLE **PD**
NAME **SAMENFELD, LOUIS**
STREET ADDRESS **22775 SW 66TH AVE #205**
CITY-ST-ZIP **BOCA RATON FL 33428**

TITLE **D**
NAME **BERKOWITZ, SYLVIA**
STREET ADDRESS **22775 SW 66TH AVE #107**
CITY-ST-ZIP **BOCA RATON FL 33428**

TITLE **SD**
NAME **SAMENFELD, ANNETTE**
STREET ADDRESS **22775 SW 66TH AVE #205**
CITY-ST-ZIP **BOCA RATON FL 33428**

TITLE **TD**
NAME **FREDA, MARY**
STREET ADDRESS **22775 SW 66TH AVE #208**
CITY-ST-ZIP **BOCA RATON FL 33428**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 ☐ Change ☐ Addition

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

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

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

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

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

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

D **FREDA, MARY**
22775 SW 66 AVE #208
BOCA RATON FL 33428 ☒ Change ☐ Addition

TD **BERKOWITZ, SYLVIA**
22775 SW 66 AVE #107
BOCA RATON, FL 33428 ☒ Change ☐ Addition

14. I 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, with all other like empowered.

SIGNATURE: *Sylvia Berkowitz* **SYLVIA BERKOWITZ** **2-26-99** **561-483-0856**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (11/98)