

DOCUMENT # 725062 ✓

1. Entity Name

THE EDGEWOOD UNIT TEN ASSOCIATION INC

FILED
Feb 08, 2000 8:00 am
Secretary of State

02-08-2000 90165 002 ****61.25

Principal Place of Business

Mailing Address

22775 S.W. 66TH AVENUE
BOCA RATON FL 3342822775 S.W. 66TH AVENUE
BOCA RATON FL 33428-5335

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-1587167

Applied For

Not Applied

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

BERKOWITZ, SYLVIA
22775 S.W. 66TH AVENUE, APT. #208 107
BOCA RATON FL 33428

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW:
FEE IS \$61.259. Election Campaign Financing
Trust Fund Contribution. ☐\$5.00 May Be
Added to FeesMake Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	VPD	<input type="checkbox"/> Delete
NAME	ZANZARELLA, PHILIP	
STREET ADDRESS	22775 SW 66TH AVE #105	
CITY-ST-ZIP	BOCA RATON FL 33428	

TITLE	PD	<input type="checkbox"/> Delete
NAME	SAMENFELD, LOUIS	
STREET ADDRESS	22775 SW 66TH AVE #205	
CITY-ST-ZIP	BOCA RATON FL 33428	

TITLE	TD	<input type="checkbox"/> Delete
NAME	BERKOWITZ, SYLVIA	
STREET ADDRESS	22775 SW 66TH AVE #107	
CITY-ST-ZIP	BOCA RATON FL 33428	

TITLE	SD	<input type="checkbox"/> Delete
NAME	SAMENFELD, ANNETTE	
STREET ADDRESS	22775 SW 66TH AVE #205	
CITY-ST-ZIP	BOCA RATON FL 33428	

TITLE	D	<input type="checkbox"/> Delete
NAME	FREDA, MARY	
STREET ADDRESS	22775 SW 66TH AVE #208	
CITY-ST-ZIP	BOCA RATON FL 33428	

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	VPD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MOBILIO, NICHOLAS	
STREET ADDRESS	22775 SW 66TH AVE #206	
CITY-ST-ZIP	BOCA RATON, FL 33428	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	SD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MOBILIO, RITA	
STREET ADDRESS	22775 SW 66TH AVE #206	
CITY-ST-ZIP	BOCA RATON, FL 33428	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. 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 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:

SYLVIA BERKOWITZ 2-4-00 561-483-0356

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #