

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Jan 30, 2004 8:00 am
Secretary of State

01-30-2004 90061 049 ****61.25

DOCUMENT # 725062

1. Entity Name

THE EDGEWOOD UNIT TEN ASSOCIATION INC



Principal Place of Business

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

Mailing Address

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

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country



MOORE

CR2E037 (11/03)

4. FEI Number

59-1587167

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25
Due By May 1, 2004

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

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

TITLE PD
NAME MOBILIO, NICHOLAS ☐ Delete
STREET ADDRESS 22775 SW 66TH AVE #205
CITY-ST-ZIP BOCA RATON FL 33428

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

TITLE SD
NAME MOBILIO, RITA ☐ Delete
STREET ADDRESS 22775 SW 66TH AVE #205
CITY-ST-ZIP BOCA RATON FL 33428

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☒ Change ☐ Addition
NAME D
STREET ADDRESS Patrica Doud
CITY-ST-ZIP 22775 SW 66th Ave. #108

TITLE ☐ Change ☐ Addition
NAME Boca Raton. FL. 33428
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 - Treas*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-24-04

561-483-0856

Date

Daytime Phone #