2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 18, 2005 8:00 am
Secretary of State
02-18-2005 90061 010 ****61.25

DOCUMENT # 725652

1. Entity Name

THE EDGEWOOD UNIT THREE ASSOCIATION, INC.

Principal Place of Business	Mailing Address
22805 SW 66TH AVENUE C/O DONALD BURKE BOCA RATON FL 33428-2919	22805 SW 66TH AVENUE C/O DONALD BURKE BOCA RATON FL 33428-2919

20012891

1st MOORE CR2E037 (10/04)

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number NO-T APPLICABLE — Applied For / Not Applicable

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
DONALD BURKE 22805 SW 66 AVE BOCA RATON FL 33428	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, 2005

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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE D NAME BLAIS, PAUL A. STREET ADDRESS 22805 S.W. 66TH AVENUE CITY-ST-ZIP BOCA RATON FL	☐ Delete	TITLE DIRECTOR NAME KATHERINE HOGAN STREET ADDRESS 22805 SW 66TH AVE CITY-ST-ZIP BOCA RATON FL 33428	☐ Change ☒ Addition
TITLE S NAME CUMMINGS, MARY STREET ADDRESS 22805 SW 66TH AVENUE CITY-ST-ZIP BOCA RATON FL 33428	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE VPT NAME BURKLE, DONALD STREET ADDRESS 22805 S.W. 66TH AVENUE CITY-ST-ZIP BOCA RATON FL 33428	☐ Delete	TITLE TREASURER NAME DONALD BURKLE STREET ADDRESS 22805 SW 66TH AVE CITY-ST-ZIP BOCA RATON FL 33428	☒ Change ☐ Addition
TITLE P NAME FITCH, ROBERT STREET ADDRESS 22805 SW 66TH AVE. CITY-ST-ZIP BOCA RATON FL 33428	☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE D NAME MCINTYRE, BARBARA STREET ADDRESS 22805 SW 66TH AVE CITY-ST-ZIP BOCA RATON FL 33428	☒ Delete	TITLE PRESIDENT NAME MCINTYRE, BARBARA STREET ADDRESS 22805 SW 66TH AVE CITY-ST-ZIP BOCA RATON FL 33428	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE BALDISSARE, ANTHONY NAME VICE PRESIDENT STREET ADDRESS 22805 SW 66TH AVE CITY-ST-ZIP BOCA RATON FL 33428	☐ Change ☒ Addition

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: Donald Burkle DONALD BURKLE 2-15-05 561-488-3164
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #