


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 30, 2006 8:00 am
Secretary of State

01-30-2006 90041 018 ****61.25

DOCUMENT # 725652					
1. Entity Name THE EDGEWOOD UNIT THREE ASSOCIATION, INC.					
Principal Place of Business 22805 SW 66TH AVENUE C/O DONALD BURKE BOCA RATON, FL 33428-2919		Mailing Address 22805 SW 66TH AVENUE C/O DONALD BURKE BOCA RATON, FL 33428-2919			
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 NOT APPLICABLE	
				Applied For Not Applicable	
				5. Certificate of Status Desired <input type="checkbox"/> \$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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
Filing Fee is \$61.25 Due by May 1, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$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 <input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	BLAIS, PAUL A.	NAME	SECRETARY ELISA GOLDMAN		
STREET ADDRESS	22805 S.W. 66TH AVENUE	STREET ADDRESS	22805 SW 66th Ave #205		
CITY-ST-ZIP	BOCA RATON, FL	CITY-ST-ZIP	BOCA RATON FL 33428		
TITLE	S <input checked="" type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	CUMMINGS, MARY ROSE	NAME	VICE PRESIDENT NANCY ROWEN		
STREET ADDRESS	22805 SW 66TH AVENUE	STREET ADDRESS	22805 SW 66th Ave #107		
CITY-ST-ZIP	BOCA RATON, FL 33428	CITY-ST-ZIP	BOCA RATON FL 33428		
TITLE	T <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	BURKLE, DONALD	NAME			
STREET ADDRESS	22805 S.W. 66TH AVENUE	STREET ADDRESS			
CITY-ST-ZIP	BOCA RATON, FL 33428	CITY-ST-ZIP			
TITLE	P <input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	FITCH, ROBERT	NAME			
STREET ADDRESS	22805 SW 66TH AVE.	STREET ADDRESS			
CITY-ST-ZIP	BOCA RATON, FL 33428	CITY-ST-ZIP			
TITLE	P <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	MCINTYRE, BARBARA	NAME			
STREET ADDRESS	22805 SW 66TH AVE	STREET ADDRESS			
CITY-ST-ZIP	BOCA RATON, FL 33428	CITY-ST-ZIP			
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	HOGAN, KATHERINE	NAME			
STREET ADDRESS	22805 SW 66TH AVE	STREET ADDRESS			
CITY-ST-ZIP	BOCA RATON, FL 33428	CITY-ST-ZIP			
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: <i>Donald Burkle</i>		Date: <i>1-26-06</i>		Daytime Phone #: <i>561-455-3164</i>	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					

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