


**2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Mar 05, 2007 8:00 am**  
**Secretary of State**

03-05-2007 90039 027 \*\*\*\*61.25

<b>DOCUMENT # 725652</b>			
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 - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
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: <i>Donald Burke</i>		DATE: 3/1/07	
Signature, typed or printed name of registered agent and title if applicable.		(NOTE: Registered Agent signature required when reinstating)	
Filing Fee is \$61.25 Due by May 1, 2007		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	S <input checked="" type="checkbox"/> Delete	TITLE	PRESIDENT <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ROWEN, NANCY	NAME	BARBARA MCINTYRE
STREET ADDRESS	22805 SW 66TH AVE # 105	STREET ADDRESS	22805 SW 66 AVE # 202
CITY-ST-ZIP	BOCA RATON, FL 33428	CITY-ST-ZIP	BOCA RATON, FL 33428
TITLE	VP <input checked="" type="checkbox"/> Delete	TITLE	VICE PRESIDENT <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ROWEN, NANCY	NAME	NANCY ROWAN # 107
STREET ADDRESS	22805 SW 66TH AVE # 107	STREET ADDRESS	22805 SW 66 AVE
CITY-ST-ZIP	BOCA RATON, FL 33428	CITY-ST-ZIP	BOCA RATON, FL 33428
TITLE	P <input checked="" type="checkbox"/> Delete	TITLE	SECRETARY <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FITCH, ROBERT	NAME	ELISA GOLDMAN
STREET ADDRESS	22805 SW 66TH AVE.	STREET ADDRESS	22805 SW 66 AVE # 105
CITY-ST-ZIP	BOCA RATON, FL 33428	CITY-ST-ZIP	BOCA RATON, FL 33428
TITLE	P <input checked="" type="checkbox"/> Delete	TITLE	TREASURER <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MCINTYRE, BARBARA	NAME	DONALD BURKE
STREET ADDRESS	22805 SW 66TH AVE	STREET ADDRESS	22805 SW 66 AVE # 207
CITY-ST-ZIP	BOCA RATON, FL 33428	CITY-ST-ZIP	BOCA RATON, FL 33428
TITLE	D <input checked="" type="checkbox"/> Delete	TITLE	DIRECTOR <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HOGAN, KATHERINE	NAME	PAUL BLAIS
STREET ADDRESS	22805 SW 66TH AVE	STREET ADDRESS	22805 SW 66 AVE # 104
CITY-ST-ZIP	BOCA RATON, FL 33428	CITY-ST-ZIP	BOCA RATON, FL 33428
TITLE	<input checked="" type="checkbox"/> Delete	TITLE	DIRECTOR <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	CATHY DEFALCO
STREET ADDRESS		STREET ADDRESS	22805 SW 66 AVE # 203
CITY-ST-ZIP		CITY-ST-ZIP	BOCA RATON, FL 33428
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 Burke</i>		Date: 3/1/07	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Daytime Phone #: 561-488-3164	

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4. FEI Number NOT APPLICABLE Applied For Not Applicable

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