

**NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Jul 02, 2002 8:00 am
Secretary of State

07-02-2002 90809 039 ****61.25

DOCUMENT # **726612** ✓

1. Entity Name

EDGEWOOD UNIT 6 ASSOCIATION

DO NOT WRITE IN THIS SPACE

B0126562

2. Principal Place of Business

22755 SW 66th AVE

Suite, Apt. #, etc.
103

City & State
BOCA RATON, FL

Zip
33428

Country

3. Mailing Address

22755 SW 66th AVE

Suite, Apt. #, etc.
103

City & State
BOCA RATON, FL

Zip
33428

Country

DO NOT WRITE IN THIS SPACE

4. FEI Number

59-1588266

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

7. Name and Address of ~~State~~ Registered Agent

Name **ANN CHEREW**

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

22755 SW 66th AVE

BOCA RATON,

City

FL

Zip Code

33428

**DO NOT WRITE
IN THIS SPACE**

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

Ann Cherew ANN CHEREW

5-11-02

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

(NOTE: Registered Agent signature required when resigning)

DATE

*** FEE IS \$61.25**
Initial or Amended UBR

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

TITLE
PRES - D
NAME
ANN CHEREW
STREET ADDRESS
22755 SW 66th AVE
CITY - ST - ZIP
BOCA RATON, FL 33428

TITLE
VPT
NAME
SALLY MARCELLA
STREET ADDRESS
22755 SW 66th AVE
CITY - ST - ZIP
BOCA RATON, FL 33428

TITLE
SEC
NAME
JOANNE MARCIL
STREET ADDRESS
22755 SW 66th AVE
CITY - ST - ZIP
BOCA RATON, FL 33428

TITLE
D
NAME
VICKIE CILUFFO
STREET ADDRESS
22755 SW 66th AVE
CITY - ST - ZIP
BOCA RATON, FL 33428

TITLE
D
NAME
DOROTHY MULLOY
STREET ADDRESS
22755 SW 66th AVE
CITY - ST - ZIP
BOCA RATON, FL 33428

TITLE
D
NAME
HELEN TAMBURRINO
STREET ADDRESS
22755 SW 66th AVE
CITY - ST - ZIP
BOCA RATON, FL 33428

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

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IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE:

Ann Cherew ANN CHEREW

Date

Daytime Phone #

5-11-02-561-423-1750