## 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

SIGNATURE: Sally

## May 09, 2008 8:00 am Secretary of State **DOCUMENT # 726612** 1. Entity Name 05-09-2008 90010 034 \*\*\*\*61.25 THE EDGEWOOD UNIT SIX ASSOCIATION, INC. Principal Place of Business Mailing Address 22755 SW 66TH AVE 22755 SW 66TH AVE #103 BOCA RATON FL 33428 BOCA RATON FL 33428 3. Mailing Address 2. Principal Place of Business -22755 & W 2755 Suite, Apt. #. etc. 22755 dw6 1st MOORE CR2E037 (10/07) Applied For 4. FEI Number 59-1588266 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent CHEREW, ANN 22755 SW 66TH AVE **BOCA RATON FL 33428** 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 Natuela (NOTE: Begistered Agent signature required when reinstitling) FILE NOW: FEE IS \$61.25 9. Election Campaign Financing Make Check Payable to \$5.00 May Be Due By May 1, 2008 Trust Fund Contribution Added to Fees Florida Department of State 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 11. TITLE TITLE Change **X**-Delete ☐ Addition CHEREW, ANN NAME NAME 22755 SW 66TH AVE APT 102 STREET ADDRESS STREET ADDRESS CITY - ST - ZIP BOCA RATON FL 33428 CITY-ST-ZIP **VPST** TITLE ☐ Oelate TITLE MARCELLA, SALLY NAME NAME 22755 SW 66TH AVE STREET ADDRESS STREET ADDRESS BOCA RATON FL 33428 CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Change ☐ Delete TITLE ☐ Addition ORONIS, GEORGE NAME NAME 22755 SW 66TH AVE STREET ADDRESS STREET ADDRESS **BOCA RATON FL 33428** City<sub>2</sub> ST<sub>2</sub> ZIP CITY-ST-ZIP THILE ☐ Delete TITLE ☐ Change ☐ Addition HAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TIFLE ☐ Delete 1011 ☐ Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY+ST-ZIP THE Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST- ZIP CITY-ST-ZIP 12. I hereby certify that the information supplied with this filing does not quality for the exemptions contained in Section 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.

4-21-08

FILED

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