2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 726612



FILED Mar 10, 2003 8:00 am § Secretary of State

THE EDGEWOOD UNIT SIX ASSOCIATION, INC.					03-10-2003 90148 049 ****61.25			
22755 SW 66TH AVE 22751 SW 66TH AVE 4103 41		Mailing Address 22755 SW 66TH AVE #103 BOCA RATON FL 33428	22755 SW 66TH AVE #103		1 1 1 1 1 1 1 1 1 1 1	18 5 4/18 8/18/1 2/8/2 1/8/1 8/8/	II ala ri alair ardii al	0 12 3 1321 1 0 91
2. Principal Place of Business 3. M		3. Mailing Address	J. Mailing Address					
Suite, Apt. #, etc.		Suite, Apt. #, etc.	Suite, Apt. #, etc.		CHECK HERE IF MAKING CHANGES			
City & State		City & State	City & State		4. FEI Number 59-1588266 Applied For Not Applicable			
Zip	Country	Zip	Соц	untry	5. Certificate of Sta	utus Desired	\$8.75 Ad	ditional
<u></u>	6. Name and Address of Current	t Registered Agent			7. Name and Addr	ess of New Register		
				Name	***************************************	oo o non negiotor	ou Agent	
CHEREV 22755 S		Street Address (P.O. Box Number is N	ot Acceptable)			
BOCA P	ATON FL 33428							
				City	311.		Zip Cod	e
8. The above the obligation	e named entity submits this statement for ations of registered agent.	or the purpose of changing it	s registere	ed office or register	ed agent, or both, in t	he State of Florida. I	am familiar with,	and accept
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SIGNATURE		* *						
SIGNATURE	Signature, typed or printed name of registered agent	t and title if applicable. (NO	TE: Registere	d Agent signature required	when reinstating)	DAT	ΓE	
		e and title if applicable. (NO 9. Election Ca Trust Fund	ımpaign F	inancing	\$5.00 May Be Added to Fees	Make Ch	eck Payable partment of \$	
1	Signature, typed or printed name of registered agent	9. Election Ca Trust Fund	mpaign F Contributi	inancing on.	\$5.00 May Be Added to Fees	Make Ch Florida Dep	eck Payable partment of \$	State
	Signature, typed or printed name of registered agent	9. Election Ca Trust Fund	ımpaign F	inancing on.	\$5.00 May Be	Make Ch Florida Dep	eck Payable partment of \$	State
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12. I hereby certify that the information supplied with this filling 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:

SIGNATURE REQUIRED

3-7-03 483-1750