


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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

03-05-2007 90039 027 ****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**

40060000



2. Principal Place of Business - No P.O. Box #
 Suite, Apt. #, etc.

3. Mailing Address
 Suite, Apt. #, etc.

City & State

Zip Country Zip Country

01302007 Chg-NP CR2E037 (12/06)

4. FEI Number
NOT APPLICABLE

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

**DONALD BURKE
 22805 SW 66 AVE
 BOCA RATON, FL 33428**

7. Name and Address of New Registered Agent

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: Donald Burke 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. **\$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: Donald Burke DATE: 3/1/07 DAYTIME PHONE #: 561-488-3164

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #