FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED

95 JAN 30 AM 2:53

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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DOCUMENT # 727828 (6)

1. Corporation Name

THE EDGEWOOD UNIT FOUR ASSOCIATION, INC.

Principal Place of Business	Mailing Address
THE) 22745 SW 66TH AVE BOCA RATON FL 33428-5907	THE) 22745 SW 66TH AVE BOCA RATON FL 33428-5907

3. Date Incorporated or Qualified: 10/22/1973
3a. Date of Last Report: 01/28/1994
4. FEI Number: 59-1583112 ☐ Applied For ☐ Not Applicable

2. Principal Place of Business (21)	2a. Mailing Address (26)
Suite, Apt. #, etc. (22)	Suite, Apt. #, etc. (27)
City & State (23)	City & State (28)
Zip (24) Country (25)	Zip (29) Country (30)

5. Certificate of Status Desired ☑ — $8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ — $5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ — $68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☑ No

9. Name and Address of Current Registered Agent

SCHIFFMAN, MIRIAM
22745 SW 66 AVE
BOCA RATON FL 33428

10. Name and Address of New Registered Agent

81 Name: FRANK RECUPERO
82 Street Address (P.O. Box Number is Not Acceptable): 22745 SW 66th Ave Apt 207
83 City: Boca Raton
84 FL
85 Zip Code: 33428

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of Section 607.0505, Florida Statutes.

SIGNATURE: Frank Recupero Pres. 1/20/95
FRANK RECUPERO, Pres.
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	1.1 TITLE	P ☐ Change ☐ Addition
NAME	SCHIFFMAN, MIRIAM	1.2 NAME, 1.3 STREET ADDRESS, 1.4 CITY-ST-ZIP	RECUPERO, F. 22745 SW 66th AVE. 207 BOCA RATON, FL 33428
STREET ADDRESS	22745 SW 66TH AVE 107		
CITY-ST-ZIP	BOCA RATON, FL 00000		
TITLE	D	2.1 TITLE	VPD ☐ Change ☐ Addition
NAME	DURSKI, SI	2.2 NAME, 2.3 STREET ADDRESS, 2.4 CITY-ST-ZIP	POTTER, BARBARA 22745 SW 66th AVE. 208 BOCA RATON, FL 33428
STREET ADDRESS	22745 SW 66TH AVE #108		
CITY-ST-ZIP	BOCA RATON, FL 00000		
TITLE	T	3.1 TITLE	TD ☐ Change ☐ Addition
NAME	SCHIFFMAN, M.	3.2 NAME, 3.3 STREET ADDRESS, 3.4 CITY-ST-ZIP	DOVOLO, SAM 22745 SW 66th AVE 103 BOCA RATON, FL 33428
STREET ADDRESS	22745 SW 66TH AVE 107		
CITY-ST-ZIP	BOCA RATON, FL 00000		
TITLE	VPD	4.1 TITLE	D ☐ Change ☐ Addition
NAME	RECUPERO, F	4.2 NAME, 4.3 STREET ADDRESS, 4.4 CITY-ST-ZIP	LENNON, A. 22745 SW 66th AVE 101 BOCA RATON, FL 33428
STREET ADDRESS	22745 SW 66TH AVE 207		
CITY-ST-ZIP	BOCA RATON, FL 00000		
TITLE	D	5.1 TITLE	SD ☐ Change ☐ Addition
NAME	POTTER, ROBERT	5.2 NAME, 5.3 STREET ADDRESS, 5.4 CITY-ST-ZIP	BROWN, VIOLET 22745 SW 66th AVE 106 BOCA RATON, FL 33428
STREET ADDRESS	22745 SW 66 AVE 208		
CITY-ST-ZIP	BOCA RATON FL		
TITLE	SD	6.1 TITLE	T 5. 1/30/95 ☐ Change ☐ Addition
NAME	BROWN, VIOLET	6.2 NAME, 6.3 STREET ADDRESS, 6.4 CITY-ST-ZIP	
STREET ADDRESS	22745 SW 66 AVE 106		
CITY-ST-ZIP	BOCA RATON FL		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Sam Dovolo SAM DOVOLO, Treas. Director 1/20/95 407-482-8062
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

6011766