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Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT
1997

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

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 33428-5332

3. Date Incorporated or Qualified: 10/22/1973
3a. Date of Last Report: 01/26/1996

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

4. FEI Number: 59-1583112 ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

9. **Name and Address of Current Registered Agent**

RECUPERO, FRANK
22745 SW 66 AVE
APT. 207
BOCA RATON FL 33428

10. **Name and Address of New Registered Agent**

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE
Signature, typed or printed name of registered agent and title if applicable

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	P	☐ DELETE	1.1 TITLE P-T-P		☐ Change ☐ Addition
NAME	RECUPERO,F.		1.2 NAME		
STREET ADDRESS	22745 SW 66TH AVE 107		1.3 STREET ADDRESS		
CITY-ST-ZIP	BOCA RATON FL 33428		1.4 CITY-ST-ZIP		
TITLE	TD	☑ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	DOVOLO,SAM		2.2 NAME		
STREET ADDRESS	22745 SW 66TH AVE 103		2.3 STREET ADDRESS		
CITY-ST-ZIP	BOCA RATON FL 33428		2.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	LENNON,A.		3.2 NAME		
STREET ADDRESS	27745 SW 66TH AVE 101		3.3 STREET ADDRESS		
CITY-ST-ZIP	BOCA RATON FL 33428		3.4 CITY-ST-ZIP		
TITLE	SD	☑ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	BROWN, VIOLET		4.2 NAME		
STREET ADDRESS	22745 SW 66TH AVE 101		4.3 STREET ADDRESS		
CITY-ST-ZIP	BOCA RATON FL 33428		4.4 CITY-ST-ZIP		
TITLE	VPD	☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	POTTER, BARBARA		5.2 NAME		
STREET ADDRESS	22745 SW 66 AVE 208		5.3 STREET ADDRESS		
CITY-ST-ZIP	BOCA RATON FL 33428		5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E037 (9/96)

14. I do 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 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: Frank Recupero FRANK RECUPERO 3/15/97 561-482-3537
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone # 0041890