FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1998

POCUI 1. Corporatio	MENT # 727828	(6)							
THE EDGEWOOD UNIT FOUR ASSOCIATION, INC.									
Principal Place of Business Mailing Address				T ADENTA SADDID LIGHT LEGID LEGID LOGIC DOSID DISHLI GADIL GADIL DISHLI					141 - 110 14 100 4
THE) 22745 SW 66TH BOCA RATON I		THE) 22745 SW 66TH AVE BOCA RATON FL 33428-5907				 3. Date Incorporated or Qualified 10/22/1973 4. FEI Number 59-1583112 			plied For
2. Principal P	lace of Business	2a. Malling Address	2a. Malling Address			5. Certificate of Status Desired		\$8.75 / Fee Re	
Sulte, Apt.	#, etc.	Suite, Apt. #, etc.				6. Election Campaign Financing		\$5.00 H	
22		City & State				Trust Fund Contribution		Added to	
City & State	City & State					7. Is this nonprofit corporation a ho	omeowners a		ነ?
Zip	Country	Zip	Count	ry		8. This corporation owes or has pa			
24	25 9. Name and Address of Current		<u> </u>			Personal Property Tax due June 10. Name and Address of New Re] No
	5. Hallip and Address of Current	negistarea Agent	8	1 Name		TO. HARITS BITA ACCIONS OF NEW TIP	Aiereien Vă		· · · · · · ·
RECLIPE	RO FRANK		8	S Chart	A alalasa	A CO Con North Annual of Alex Assessed	blet		
RECUPERO, FRANK 22745 SW 66 AVE				Street	Addres	ss (P.O. Box Number is Not Acceptat	318)		
APT. 207				3					
BOCA RATON FL 33428				4 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									
12.	Signature, typed or printed name of registered agent OFFICERS AND		Registered A	gent signatur	e required	when reinstating) ADDITIONS/CHANGES TO OFFICE	DATE CERS AND D	IRECTOR	S IN 12
TITLE	PTD	DELETE	1.1 TITLE	- <i></i>	PD			Change	Addition
NAME	RECUPERO,F.	RECUPERO,F. 14		1.2 NAME					
STREET ADDRESS			1.3 STRE	1.3 STREET AODRESS					
CITY-ST-ZIP	BOCA RATON FL		1.4 CITY	1.4 CITY-ST-ZIP					
TIFLE			2.1 TITLE		DS		L	Change	Addition
NAME				2.2 NAME 2.3 STREET ADDRESS					
STREET ADDRESS	BASS BARRAN BY ADAMS			2.4 CITY-ST-ZIP					
CITY-ST-ZIP TITLE				3.1 TITLE			- 4 E	Change	Addition
NAME	POTTER, BARBARA			3.2 NAME			., –		
STREET ADDRESS	22745 SW 66 AVE 208		3.3 STRE	3.3 STREET ADDRESS					
CITY-ST-ZIP	BOCA RATON FL 33428		3.4. CITY	3.4. CITY - ST - ZIP					.
TITLE		☐ DELETE	4.1 TITLE		DT	STANEDA, MARIO 146 SW66 AVE 204	L] Change	Addition
NAME				4.2 NAME		145 SW66 AVE 204			
STREET ADDRESS				ET ADDRESS	Bu	a Raton F1 33428	8		
CITY-ST-ZIP TITLE			4.4 CITY 5.1 TITLE		1,012			Change	Addition
NAME		had bearing	5.2 NAM					₩ #: :# *	
STREET ADDRESS				et address	1				
CITY-ST-ZIP			5.4 CITY						
TITLE		DELETE	6.1 TITLE		1			Change	Addition
,,,,,,,,			620122	-	1				

14. I 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.

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

Mar 11 1998 8:00am

Secretary of State