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NONPROFIT CORPORATION ANNUAL REPORT
1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 727828

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

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)

3. Date Incorporated or Qualifed: 10/22/1973
4. FEI Number: 59-1583112 ☐ Applied For ☐ Not Applicable
5. Certifcate of Status Desired ☐ **$8.75** Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

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: DOVOLO, SAM J.
82 Street Address (P.O. Box Number is Not Acceptable): 22745 SW 66th Ave
83: APT 103
84 City: BOCA RATON FL 85 Zip Code: 33428

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: Sam J Dovolo — 4/1/99 (DATE)
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD RECUPERO,F. 22745 SW 66TH AVE 107 BOCA RATON FL	☑ DELETE	1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP	P/T/D DOVOLO, SAM J. 22745 SW 66th Ave Apt 103 Boca Raton,Fl. 33428	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DS LENNON,A. 27745 SW 66TH AVE 101 BOCA RATON FL 33428	☑ DELETE	2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP	S/D GEORGE, BRIAN 22745 SW 66th Ave Apt 101 Boca Raton,Fl 33428	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VPD POTTER, BARBARA 22745 SW 66 AVE 208 BOCA RATON FL 33428	☐ DELETE	3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DT CASTRNEDA, MARIO 22745 S.W. 66 AVE, #204 BOCA RATON FL 33428	☑ DELETE	4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP	D WRIGHT, LAUREL 22745 SW 66th Ave Apt 205 Boca Raton,Fl 33428	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP		☐ Change ☐ Addition

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, with all other like empowered.

SIGNATURE: SAM J. DOVOLO SIGNATURE REQUIRED Sam J Dovolo President — 4/1/99 (Date) — 561-482-8062 (Daytime Phone #)
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

-CR2E037 (11/98)