2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT#727828

FILED Apr 04, 2009 Secretary of State

Entity Name: THE EDGEWOOD UNIT FOUR ASSOCIATION, INC.

Current Principal Place of Business: New Principal Place of Business: 22745 SW 66TH AVE #204 BOCA RATON, FL 334285907 **New Mailing Address: Current Mailing Address:** 22745 SW 66TH AVE #204 BOCA RATON, FL 334285907 FEI Number: 59-1583112 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: CASTANEDA, JOYCE 22745 SW 66TH AVE #204 BOCA RATON, FL 33428 US 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. SIGNATURE: Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Delete (X) Change () Addition SCHIFFMAN, VIVIAN CASTANEDA, JULIE Name: Name: 27745 SW 66 AVE #204 Address: 27745 SW 66 AVE #107 Address: City-St-Zip: BOCA RATON, FL 33428 City-St-Zip: BOCA RATON, FL 33428 Title: () Delete Title: () Change () Addition LADELFA, BETTY Name: Name: Address: 22745 SW 66 AVE #103 Address: City-St-Zip: BOCA RATON, FL 33428 City-St-Zip: Title: () Delete Title: () Change () Addition WRIGHT, LAUREL Name: Name: 22745 SW 66 AVE #205 Address: Address: City-St-Zip: BOCA RATON, FL 33428 City-St-Zip: Title: Title: () Change () Addition () Delete GLOTOVA, OKSANA Name: Name: Address: 22745 SW 66 AVE #102 Address: City-St-Zip: BOCA RATON, FL 33428 City-St-Zip: Title: () Delete Title: () Change () Addition CASTANEDA, JOYCE Name: Name: 22745 S.W. 66TH AVE #204 Address: Address: City-St-Zip: BOCA RATON, FL 33428 City-St-Zip: Title: () Delete Title: () Change (X) Addition DEMAYO, NICHOLAS Name: Name: Address: Address: 22745 S.W. 66TH AVE #207 BOCA RATON, FL 33428 City-St-Zip: City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JOYCE CASTANEDA DTS 04/04/2009