

**2004 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 23, 2004 8:00 am**  
**Secretary of State**

04-23-2004 90246 013 \*\*\*\*61.25

**DOCUMENT # 753573**

1. Entity Name  
**ANDREWS AVENUE MAINTENANCE ASSOCIATION, INC.**



Principal Place of Business  
**6152 N. VERDE TRAIL  
BOCA RATON, FL 33433**

Mailing Address  
**6152 N. VERDE TRAIL  
BOCA RATON, FL 33433**

**94061838**



04132004 No Chg-NP CR2E037 (10/03)

4. FEI Number  
**23-1900132**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional  
Fee Required**

**DO NOT WRITE IN THIS SPACE**

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

**IRWIN, DANIEL H  
ACTS, INC.  
6901 SW 18TH ST, STE 301  
BOCA RATON, FL 33433**

**DO NOT WRITE  
IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25  
Due by May 1, 2004**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

**10. OFFICERS AND DIRECTORS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT DAVIS, DONALD 375 MORRIS ROAD WEST POINT, PA 19486
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPCO MASHNER, MARVIN 375 MORRIS ROAD WEST POINT, PA
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVCE GUNN, GEORGE R JR 375 MORRIS ROAD WEST POINT, PA
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CD HEAPS, MARVIN D 375 MORRIS ROAD WEST POINT, PA 19486
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS STAMBAUGH, STEWART J 375 MORRIS ROAD WEST POINT, PA 19486
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE  
IN THIS SPACE**

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4/19/04**

Date

**215-661-8330**

Daytime Phone #