

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 28, 2003 8:00 am
Secretary of State

04-28-2003 91877 001 ***183.75

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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**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **23-1900132**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

☐ CHECK HERE IF MAKING CHANGES



6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

Daniel H. Irwin

4/23/03

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE	DT	<input type="checkbox"/> Delete
NAME	DAVIS, DONALD	
STREET ADDRESS	375 MORRIS ROAD	
CITY-ST-ZIP	WEST POINT PA 19486	
TITLE	DPCO	<input type="checkbox"/> Delete
NAME	MASHNER, MARVIN	
STREET ADDRESS	375 MORRIS ROAD	
CITY-ST-ZIP	WEST POINT PA	
TITLE	DVCE	<input type="checkbox"/> Delete
NAME	GUNN, GEORGE R JR	
STREET ADDRESS	375 MORRIS ROAD	
CITY-ST-ZIP	WEST POINT PA	
TITLE	CD	<input type="checkbox"/> Delete
NAME	HEAPS, MARVIN D	
STREET ADDRESS	375 MORRIS ROAD	
CITY-ST-ZIP	WEST POINT PA 19486	
TITLE	DS	<input type="checkbox"/> Delete
NAME	STAMBAUGH, STEWART J	
STREET ADDRESS	375 MORRIS ROAD	
CITY-ST-ZIP	WEST POINT PA 19486	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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:

George R. Gunn Jr.

4/7/03

(215) 661-8330

CR2E037 (10/02)