

**FILED**  
**Feb 24, 1999 8:00 am**  
**Secretary of State**

02-24-1999 90172 008 \*\*\*\*70.00

<b>NONPROFIT CORPORATION</b> <b>ANNUAL REPORT</b> <b>1999</b>		<b>FLORIDA DEPARTMENT OF STATE</b> <b>Katherine Harris</b> <b>Secretary of State</b> <b>DIVISION OF CORPORATIONS</b>
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**DOCUMENT # 765096**

1. Corporation Name

**EDGEWATER POINTE 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	2a. Mailing Address	3. Date Incorporated or Qualified
21	26	09/16/1982
Suite, Apt. #, etc.	Suite, Apt. #, etc.	4. FEI Number
22	27	23-190132
City & State	City & State	5. Certificate of Status Desired
23	28	<input checked="" type="checkbox"/> \$8.75 Additional Fee Required
Zip	Country	6. Election Campaign Financing
24	29	<input type="checkbox"/> \$5.00 May Be Added to Fees
25	30	Trust Fund Contribution

9. Name and Address of Current Registered Agent

**PEARLSTINE, JULES**  
**1900 CORPORATE BLVD., N.W.**  
**SUITE #301, WEST BUILDING**  
**BOCA RATON FL 33431**

10. Name and Address of New Registered Agent

81	Name	Daniel I. Irwin
82	Street Address (P.O. Box Number is Not Acceptable)	ACTS, Inc. 6901 SW 18th Street
83	Suite	Suite 301
84	City	Boca Raton
85	Zip Code	FL 33433

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

*Daniel I. Irwin*  
 Signature typed or printed name of registered agent and title if applicable

VP OPERATIONS SO. REGION

3/25/99

DATE

(NOTE: Registered Agent signature required when resigning)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<input checked="" type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DA S PEARLSTINE, JULES	1.2 NAME	
STREET ADDRESS	1900 CORPORATE BLVD NW	1.3 STREET ADDRESS	
CITY-ST-ZIP	BOCA RATON FL	1.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DPT MASHNER, MARVIN	2.2 NAME	
STREET ADDRESS	375 MORRIS ROAD	2.3 STREET ADDRESS	
CITY-ST-ZIP	WEST POINT PA	2.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DVCE GUNN JR., GEORGE R.	3.2 NAME	
STREET ADDRESS	375 MORRIS ROAD	3.3 STREET ADDRESS	
CITY-ST-ZIP	WEST POINTE PA	3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CD Marvin D. Heaps	4.2 NAME	
STREET ADDRESS	301 Elm Avenue	4.3 STREET ADDRESS	
CITY-ST-ZIP	Swarthmore, PA 19081	4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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:

**SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date 4/6/99

Daytime Phone # 215-661-8330

Marvin Mashner, President

CR2E037 (1/98)