

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 765096

1. Entity Name

EDGEWATER POINTE MAINTENANCE ASSOCIATION, INC.

**FILED**  
**Apr 03, 2000 8:00 am**  
**Secretary of State**

04-03-2000 90051 001 \*\*\*210.00

Principal Place of Business

Mailing Address

6152 N. VERDE TRAIL  
BOCA RATON FL 33433  
US

6152 N. VERDE TRAIL  
BOCA RATON FL 33433-2430  
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

23-1900132

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

☒

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

IRWIN, DANIEL I  
ACTS, INC.  
6901 SW 18TH STREET, SUITE 301  
BOCA RATON FL 33433

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.

SIGNATURE

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**  
**Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **CD** ☐ Delete  
NAME **HEAPS, MARVIN D**  
STREET ADDRESS **301 ELM AVENUE**  
CITY-ST-ZIP **SWARTHMORE PA 19081**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **DPT** ☐ Delete  
NAME **MASHNER, MARVIN**  
STREET ADDRESS **375 MORRIS ROAD**  
CITY-ST-ZIP **WEST POINT PA**

TITLE **DPCO** ☒ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **DVCE** ☐ Delete  
NAME **GUNN JR., GEORGE R.**  
STREET ADDRESS **375 MORRIS ROAD**  
CITY-ST-ZIP **WEST POINTE PA**

TITLE **dvcce** ☒ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **DT** ☐ Delete  
NAME **DAVIS, DONALD**  
STREET ADDRESS **375 MORRIS ROAD**  
CITY-ST-ZIP **WEST POINT, PA 19486**

TITLE ☐ Change ☒ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **DS** ☐ Delete  
NAME **STAMBAUGH, STEWART**  
STREET ADDRESS **375 MORRIS ROAD**  
CITY-ST-ZIP **WEST POINT, PA 19486**

TITLE ☐ Change ☒ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ 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:

**SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3/16/00

255 6618330

CR2E037 (9/99)