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

FILED
May 21, 2002 8:00 am
Secretary of State
05-21-2002 91190 007 ****61.25

DOCUMENT # 765096

1. Entity Name

EDGEWATER POINTE MAINTENANCE ASSOCIATION INC.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
6152 N. Verde Trail	6152 N. Verde Trail
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Boca Raton, FL 33433	City & State: Boca Raton, FL 33433
Zip / Country	Zip / Country

DO NOT WRITE IN THIS SPACE

4. FEI Number: 23-1900132 ☐ Applied For ☐ Not Applicable

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

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7. Name and Address of Current Registered Agent:

Name: Daniel H. Irwin/ ACTS, Inc.

Street Address (P.O. Box Number is Not Acceptable): 6901 SW 18th Street, Suite 301

City: Boca Raton, FL **FL** Zip Code: 33433

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: DANIEL H. IRWIN, SVP 4/30/02
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FEE IS $61.25 Initial or Amended UBR

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

TITLE	CD
NAME	Heaps, Marvin D.
STREET ADDRESS	375 Morris Road
CITY-ST-ZIP	West Point, PA
TITLE	DPCO
NAME	Mashner, Marvin
STREET ADDRESS	375 Morris Road, West Point PA
CITY-ST-ZIP	
TITLE	DVCE
NAME	Gunn Jr., George R.
STREET ADDRESS	375 Morris Road, WEST Point PA
CITY-ST-ZIP	
TITLE	DT
NAME	Davis, Donald
STREET ADDRESS	375 Morris Rd., West Point PA
CITY-ST-ZIP	
TITLE	DS
NAME	Stambaugh, Stewart
STREET ADDRESS	375 Morris Rd, West Point, PA
CITY-ST-ZIP	
TITLE	
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STREET ADDRESS	
CITY-ST-ZIP	

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CR2E037B (12/01)

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 on an attachment with an address, with all other like empowered.

SIGNATURE: George R. Gunn Jr. 4/25/02 215-661-8330
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #