

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

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

04-23-2004 90246 014 ****61.25

DOCUMENT # 765096

1. Entity Name
**EDGEWATER POINTE MAINTENANCE ASSOCIATION,
INC.**



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

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



04132004 No Chg-NP CR2E037 (10/03)

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**

6. Name and Address of Current Registered Agent

**IRWIN, DANIEL I
ACTS, INC.
6901 SW 18TH STREET, SUITE 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
**CD
HEAPS, MARVIN D
301 ELM AVENUE
SWARTHMORE, PA 19081**

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 JR., GEORGE R.
375 MORRIS ROAD
WEST POINTE, PA**

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

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**DS
STAMBAUGH, STEWART
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 #