


FILE NOW: FILING FEE IS \$61.25

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Apr 22, 1999 8:00 am
Secretary of State

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| NONPROFIT CORPORATION ANNUAL REPORT 1999 |  | FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS |
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DOCUMENT # N97000000901

1. Corporation Name
EDGEWOOD 1-10 ASSOCIATION, INC.

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| Principal Place of Business 22805 S.W. 66TH AVENUE BOCA RATON FL 33428 | Mailing Address 22805 S.W. 66TH AVENUE BOCA RATON FL 33428 |
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| 2. Principal Place of Business 21 <u>22715 S.W. 66 Ave</u> | 2a. Mailing Address 26 <u>22715 S.W. 66 Ave</u> | 3. Date Incorporated or Qualified <u>02/17/1997</u> |
| Suite, Apt. #, etc. 22 <u>APT. 208</u> | Suite, Apt. #, etc. 27 <u>APT. 208</u> | 4. FEI Number <u>65-0733672</u> |
| City & State 23 <u>BOCA RATON, FL.</u> | City & State 28 <u>BOCA RATON, FL.</u> | 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required |
| Zip 24 <u>33428</u> | Country 25 <u>FLORIDA</u> | 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees |

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| 9. Name and Address of Current Registered Agent BURKLE, DONALD H 22805 S.W. 66TH AVENUE BOCA RATON FL 33428 | 10. Name and Address of New Registered Agent 81 Name <u>ORAZIO J. CACCIA</u> 82 Street Address (P.O. Box Number is Not Acceptable) 83 <u>22715 S.W. 66 Ave APT. 208</u> 84 City <u>BOCA RATON</u> FL 85 Zip Code <u>33428</u> |
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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 ORAZIO J. CACCIA Orazio J. Caccia 4/14/99
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|----------------------------|--|---|--|
| TITLE PD | <input checked="" type="checkbox"/> DELETE CHECK, CARRIE 22805 S.W. 66TH AVENUE BOCA RATON FL 33428 | 1.1 TITLE <u>PRESIDENT</u> | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE VD | <input checked="" type="checkbox"/> DELETE BURKLE, DONALD H 22805 S.W. 66TH AVENUE BOCA RATON FL 33428 | 1.2 NAME <u>ORAZIO J. CACCIA</u> | |
| TITLE SD | <input checked="" type="checkbox"/> DELETE REGIS, GLORIA 22725 S.W. 66TH AVENUE BOCA RATON FL 33428 | 1.3 STREET ADDRESS <u>22715 S.W. 66 Ave</u> | |
| TITLE TD | <input checked="" type="checkbox"/> DELETE BROWN, GLENDA 22805 S.W. 66TH AVENUE BOCA RATON FL 33428 | 1.4 CITY-ST-ZIP <u>BOCA RATON, FL 33428</u> | |
| TITLE D | <input checked="" type="checkbox"/> DELETE SACHANOFF, JACK 22735 S.W. 66TH AVENUE BOCA RATON FL 33428 | 2.1 TITLE <u>VICE PRES.</u> | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE | <input type="checkbox"/> DELETE | 2.2 NAME <u>JACK SACHANOFF</u> | |
| | | 2.3 STREET ADDRESS <u>22735 S.W. 66 Ave</u> | |
| | | 2.4 CITY-ST-ZIP <u>BOCA RATON, FL 33428</u> | |
| | | 3.1 TITLE <u>SECRETARY</u> | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| | | 3.2 NAME <u>GERI SHAW</u> | |
| | | 3.3 STREET ADDRESS <u>22735 S.W. 66 Ave</u> | |
| | | 3.4 CITY-ST-ZIP <u>BOCA RATON, FL 33428</u> | |
| | | 4.1 TITLE <u>TREASURER</u> | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| | | 4.2 NAME <u>CARRIE CHECK</u> | |
| | | 4.3 STREET ADDRESS <u>22805 S.W. 66 Ave</u> | |
| | | 4.4 CITY-ST-ZIP <u>BOCA RATON, FL 33428</u> | |
| | | 5.1 TITLE <u>DIRECTOR</u> | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| | | 5.2 NAME <u>TONY DELLA PIETRA</u> | |
| | | 5.3 STREET ADDRESS <u>22725 S.W. 66 Ave</u> | |
| | | 5.4 CITY-ST-ZIP <u>BOCA RATON, FL 33428</u> | |
| | | 6.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| | | 6.2 NAME | |
| | | 6.3 STREET ADDRESS | |
| | | 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: Orazio J. Caccia **NOTICE REQUIRED** 4/14/99 361-488-7310
Signature and typed or printed name of signing officer or director Date Daytime Phone #