

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N97000000901

1. Entity Name

EDGEWOOD 1-10 ASSOCIATION, INC.

FILED
Mar 13, 2000 8:00 am
Secretary of State

03-13-2000 90030 028 ****61.25

Principal Place of Business: 22715 SW 66TH AVE, APT 208, BOCA RATON FL 33428
Mailing Address: 22715 SW 66TH AVE, APT 208, BOCA RATON FL 33428-5902

2. Principal Place of Business, 3. Mailing Address, Suite, Apt. #, etc., City & State, Zip, Country

4. FEI Number: 65-0733672, Applied For: Not Applicable
5. Certificate of Status Desired: \$8.75 Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent: CACCIA, ORAZIO J, 22715 SW 66TH AVE, APT 208, BOCA RATON FL 33428

7. Name and Address of New Registered Agent: Name, Street Address, 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

Table with 2 columns: OFFICERS AND DIRECTORS. Rows include PD CACCIA, ORAZIO J; VPD SACHANOFF, JACK; SD SHAW, GERI; TD CHECK, CARRIE; D PIETRA, TONY D.

Table with 2 columns: ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10. Row includes SD NORMA Colombo, 22735 SW 66th Ave, BOCA RATON, FL 33428.

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 3/6/00 361-488-7310
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CRZE037 (9/99)