

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 08, 2005 8:00 am
Secretary of State

04-08-2005 90041 042 ****61.25



DOCUMENT # N97000000901
 1. Entity Name
EDGEWOOD 1-10 ASSOCIATION, INC.

Principal Place of Business Mailing Address
 22735 SW 66TH AVE 22735 SW 66TH AVE
 APT 108 APT 108
 BOCA RATON FL 33428 BOCA RATON FL 33428

2. Principal Place of Business 3. Mailing Address
22795 SW 66TH AVE *22795 SW 66TH AVE*
 Suite, Apt. #, etc. Suite, Apt. #, etc.
APT 103 *APT 103*

City & State City & State
BOCA RATON, FL *BOCA RATON, FL*
 Zip Country Zip Country
33428-5917 *PALM BEACH* *33428-5917* *PBC*



1st MOORE CR2E037 (10/04)

4. FEI Number **65-0733672** Applied For
 Not Applicable

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

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 (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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

FILE NOW: FEE IS \$61.25
Due By May 1, 2005

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD CACCIA, ORAZIO J 22715 SW 66TH AVE., APT 208 BOCA RATON FL 33428 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD SACHANOFF, JACK 22735 SW 66TH AVE BOCA RATON FL 33428 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD MCBRIDE, GERALDINE 22795 SW 66TH AVE JUPITER FL 33478 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T SACHANOFF, JACK 22735 SW 66TH AVE BOCA RATON FL 33428 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MCGNETTA, IDA 22795 SW 66TH AVE BOCA RATON FL 33428 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D COHEN, THELMA 22725 SW 66TH AVE BOCA RATON FL 33428 <input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <i>PHIL MCBRIDE</i> <i>22795 SW 66TH AVE, APT 103</i> <i>BOCA RATON, FL 33428-5917</i>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <i>MCBRIDE GERALDINE</i> <i>22795 SW 66TH AVE</i> <i>BOCA RATON, FL 33428-5917</i>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: *Geraldine McBride* **GERALDINE MCBRIDE** *4/4/05* *561 489-2505*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #