

**2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED  
Apr 04, 2009  
Secretary of State**

DOCUMENT# N97000000901

Entity Name: EDGEWOOD 1-10 ASSOCIATION, INC.

**Current Principal Place of Business:**

22745 SW 66TH AVE  
APT 204  
BOCA RATON, FL 33428

**New Principal Place of Business:**

**Current Mailing Address:**

22745 SW 66TH AVE  
APT 204  
BOCA RATON, FL 33428

**New Mailing Address:**

FEI Number: 65-0733672      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

CASTANEDA, JOYCE  
22745 SW 66TH AVE  
APT 204  
BOCA RATON, FL 33428 US

**Name and Address of New Registered Agent:**

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:

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: PD      ( ) Delete  
Name: LADELFA, BETTY  
Address: 22745 SW 66TH AVE., APT 103  
City-St-Zip: BOCA RATON, FL 33428

Title: VPD      (X) Delete  
Name: FRANK, VELLA  
Address: 22765 SW 66TH AVE, APT 207  
City-St-Zip: BOCA RATON, FL 33428

Title: DTS      ( ) Delete  
Name: CASTANEDA, JOYCE  
Address: 22745 SW 66TH AVE., APT 204  
City-St-Zip: BOCA RATON, FL 33428

Title: D      ( ) Delete  
Name: MAGNOTTA, IDA  
Address: 22795 SW 66TH AVE., APT 207  
City-St-Zip: BOCA RATON, FL 33428

Title: D      ( ) Delete  
Name: COHEN, THELMA  
Address: 22725 SW 66TH AVE., APT 201  
City-St-Zip: BOCA RATON, FL 33428

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JOYCE CASTANEDA

DTS

04/04/2009

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date