

**2022 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 717073

**Entity Name:** GOLF'S EDGE CONDOMINIUM ASSOCIATION, INC.

**Current Principal Place of Business:**

4895 GARDNER LANE  
LAKE WORTH, FL 33463

**FILED**  
**Apr 28, 2022**  
**Secretary of State**  
**6795811961CC**

**Current Mailing Address:**

PRUITTS PROPERTY MGMT INC  
PO BOX 540217  
GREENACRES, FL 33454 US

**FEI Number: 59-1369347**

**Certificate of Status Desired: No**

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

BECKER & POLIAKOFF, P.A.  
625 NORTH FLAGLER DRIVE  
7TH FLOOR  
WEST PALM BEACH, FL 33401 US

*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

**Officer/Director Detail :**

Title            PRESIDENT  
Name            RACHEL , GROSS  
Address        08E GOLF'S EDGE  
City-State-Zip: WEST PALM BEACH FL 33417

Title            SECRETARY  
Name            KENIGSBERG, SANDRA  
Address        8C GOLF'S EDGE  
City-State-Zip: WEST PALM BEACH FL 33417

Title            TREASURER  
Name            BERKOWITZ, HARRY  
Address        05 D. GOLF'S EDGE  
City-State-Zip: WEST PALM BEACH FL 33417

Title            DIRECTOR  
Name            KOENIG, SHARON  
Address        15A GOLF'S EDGE  
City-State-Zip: WEST PALM BEACH FL 33417

Title            DIRECTOR  
Name            ZWEIG, ROSALYN  
Address        12E GOLF'S EDGE  
City-State-Zip: WEST PALM BEACH FL 33417

Title            DIRECTOR  
Name            KOPLOWITZ, LEAH  
Address        06A GOLF'S EDGE  
City-State-Zip: WEST PALM BEACH FL 33417

Title            VP  
Name            SHABBOT, AMI  
Address        23 E GOLF'S EDGE  
City-State-Zip: WEST PALM BEACH FL 33417

*I hereby 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 all other like empowered.*

**SIGNATURE: GROSS RACHEL**

**PRESIDENT**

**04/28/2022**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date