2023 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 743808

Entity Name: PARKS EDGE PROPERTY OWNERS' ASSOCIATION, INC.

FILED
Apr 03, 2023
Secretary of State
5023190762CC

Current Principal Place of Business:

3201 SW LANDALE BLVD PORT ST LUCIE. FL 34953

Current Mailing Address:

C/O ADVANTAGE PROPERTY MANAGEMENT LLC 1111 SE FEDERAL HWY, STE 100 STUART. FL 34994 US

FEI Number: 59-2058764 Certificate of Status Desired: No.

Name and Address of Current Registered Agent:

ADVANTAGE PROPERTY MANAGEMENT, LLC 1111 SE FEDERAL HWY, STE 100 STUART, FL 34994 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: BARBARA SHEA 04/03/2023

Electronic Signature of Registered Agent

Date

Officer/Director Detail:

Title PRESIDENT Title VP, TREASURER

Name HAYES, DARRELL Name POLOUKINE, ALEXANDER

Address C/O ADVANTAGE PROPERTY Address C/O ADVANTAGE PROPERTY

MANAGEMENT LLC MANAGEMENT LLC

1111 SE FEDERAL HWY, STE 100 1111 SE FEDERAL HWY, STE 100

City-State-Zip: STUART FL 34994 City-State-Zip: STUART FL 34994

Title SECRETARY Title DIRECTOR
Name PAGE, ASHLEY Name HISEY, RON

Address C/O ADVANTAGE PROPERTY Address C/O ADVANTAGE PROPERTY

MANAGEMENT LLC MANAGEMENT LLC

1111 SE FEDERAL HWY, STE 100 1111 SE FEDERAL HWY, STE 100

City-State-Zip: STUART FL 34994 City-State-Zip: STUART FL 34994

Title DIRECTOR Title DIRECTOR

Name KIERNAN, ROBERT Name MARTINEZ, WILLIAM

Address C/O ADVANTAGE PROPERTY Address C/O ADVANTAGE PROPERTY

MANAGEMENT LLC MANAGEMENT LLC

1111 SE FEDERAL HWY, STE 100 1111 SE FEDERAL HWY, STE 100

City-State-Zip: STUART FL 34994 City-State-Zip: STUART FL 34994

 Title
 DIRECTOR
 Title
 DIRECTOR

 Name
 HOPKINS, KELVIN
 Name
 HALL, DONISHA

Address C/O ADVANTAGE PROPERTY Address C/O ADVANTAGE PROPERTY

MANAGEMENT LLC MANAGEMENT LLC

1111 SE FEDERAL HWY, STE 100 1111 SE FEDERAL HWY, STE 100

City-State-Zip: STUART FL 34994 City-State-Zip: STUART FL 34994

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: DARRELL HAYES PRESIDENT 04/03/2023