

2014 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 751062

Entity Name: EDGEWATER CONDOMINIUM APARTMENTS OF DELTONA, FLORIDA, INC.**FILED**
Mar 03, 2014
Secretary of State
CC5333371531**Current Principal Place of Business:**175 PALMETTO WOODS COURT
DELTONA, FL 32725**Current Mailing Address:**175 PALMETTO WOODS COURT
DELTONA, FL 32725**FEI Number: 59-2373459****Certificate of Status Desired: No****Name and Address of Current Registered Agent:**BECKER & POLIAKOFF
111 N. ORANGE AVENUE - STE. 1400
ORLANDO, FL 32801 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	TD
Name	AMOROSO, RACHEL
Address	100 SWEETGUM WOODS CT 5-D
City-State-Zip:	DELTONA FL 32725

Title	PD
Name	KASMER, CHARLES W
Address	100 SWEETGUM WOODS CT 8-D
City-State-Zip:	DELTONA FL 32725

Title	SD
Name	BLASCHICK, EVELYN
Address	150 WAX MYRTLE WOODS CT. 6-D
City-State-Zip:	DELTONA FL 32725

Title	TD
Name	AMOROSO, RACHEL
Address	100 SWEETGUM WOODS CT #5-D
City-State-Zip:	DELTONA FL 32725

Title	VP
Name	FELKER, JOSEPH
Address	180 MAGNOLIA WOODS CT. 11B
City-State-Zip:	DELTONA FL 32725

Title	VPD
Name	DUCHARME, SIMON
Address	168 PERIMETER WOODS CT. 4-C
City-State-Zip:	DELTONA FL 32725

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: CHARLES KASMER**PRESIDENT****03/03/2014**_____
Electronic Signature of Signing Officer/Director Detail_____
Date