

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

DOCUMENT# N05000002160

**Entity Name:** EDGEWATER AT SUNBEAM CONDOMINIUM ASSOCIATION, INC.

**FILED  
Aug 08, 2022  
Secretary of State  
8768675570CC**

**Current Principal Place of Business:**

240 CANAL BLVD. STE. 2  
PONTE VEDRA BEACH, FL 32082

**Current Mailing Address:**

5455 A1A SOUTH  
ST. AUGUSTINE, FL 32080 US

**FEI Number: 20-2453360**

**Certificate of Status Desired: No**

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

MAY MANAGEMENT SERVICES, INC.  
5455 A1A SOUTH  
ST. AUGUSTINE, FL 32080 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            CHAMBERLAIN, ROBERT  
Address        5455 A1A SOUTH  
City-State-Zip: ST. AUGUSTINE FL 32080

Title            SECRETARY  
Name            FIELD, MICHAEL  
Address        5455 A1A SOUTH  
City-State-Zip: ST. AUGUSTINE FL 32080

Title            TREASURER  
Name            DAVIS, KAY  
Address        5455 A1A SOUTH  
City-State-Zip: ST. AUGUSTINE FL 32080

Title            DIRECTOR  
Name            HAUGAN, MARY  
Address        5455 A1A SOUTH  
City-State-Zip: ST. AUGUSTINE FL 32080

Title            VP  
Name            TORPEY, PATRICIA  
Address        5455 A1A SOUTH  
City-State-Zip: ST AUGUSTINE FL 32080

*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: ROBERT CHAMBERLAIN**

**P**

**08/08/2022**

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

\_\_\_\_\_  
Date