

2018 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N07000002518

Entity Name: THE EDGE CONDOMINIUM NO. ONE ASSOCIATION, INC.**Current Principal Place of Business:**300 SOUTH AUSTRALIAN AVENUE
MANAGEMENT OFFICE #100
WEST PALM BEACH, FL 33401**Current Mailing Address:**300 SOUTH AUSTRALIAN AVENUE
MANAGEMENT OFFICE #100
WEST PALM BEACH, FL 33401 US**FEI Number:** 20-8632485**Certificate of Status Desired:** Yes**Name and Address of Current Registered Agent:**SACHS SAX CAPLAN
6111 BROKEN SOUND PARKWAY NW
SUITE 200
BOCA RATON, FL 33487 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:** SAX CAPLAN

04/13/2018

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title	DIRECTOR
Name	MYRICK, HEATH
Address	300 S AUSTRALIAN AVE UNIT 1118
City-State-Zip:	WEST PALM BEACH FL 33401
Title	SECRETARY
Name	RAIGOSA, HECTOR
Address	300 SOUTH AUSTRALIAN AVE, UNIT 1005
City-State-Zip:	WEST PALM BEACH FL 33401
Title	TREASURER
Name	GANGBAR, HOWARD
Address	1 ELLSWORTH AVE
City-State-Zip:	RICHMOND HILL ON L4C 9N9 CAN

Title	VP
Name	BARBATO, ANGELA
Address	300 S AUSTRALIAN AVE UNIT 409
City-State-Zip:	WEST PALM BEACH FL 33401
Title	PRESIDENT
Name	DAVIS, SCOTT
Address	300 S AUSTRALIAN AVE UNIT 122
City-State-Zip:	WEST PALM BEACH FL 33401

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: SCOTT DAVIS

PRES

04/13/2018

Electronic Signature of Signing Officer/Director Detail

Date