

**2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N07000002549

**Entity Name:** THE EDGE MASTER ASSOCIATION, INC.**Current Principal Place of Business:**300 SOUTH AUSTRALIAN AVENUE  
WEST PALM BEACH, FL 33401**Current Mailing Address:**THE EDGE MASTER ASSOCIATION, INC.  
300 SOUTH AUSTRALIAN AVE MANAGEMENT OFFICE  
WEST PALM BEACH , FL 33401 US**FEI Number:** 20-8632577**Certificate of Status Desired:** Yes**Name and Address of Current Registered Agent:**NASUTI, JOSEPH  
300 SOUTH AUSTRALIAN AVE  
MANAGEMENT OFFICE  
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:** JOSEPH NASUTI

02/20/2015

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title	PD
Name	NASUTI, JOSEPH PD
Address	300 SOUTH AUSTRALIAN AVE MANAGEMENT OFFICE
City-State-Zip:	WEST PALM BEACH FL 33401

Title	VPD
Name	PATEL, RAJ VPD
Address	300 SOUTH AUSTRALIAN AVE UNIT 1020
City-State-Zip:	WEST PALM BEACH FL 33401

Title	SD
Name	RAIGOSA, HECTOR SD
Address	300 SOUTH AUSTRALIAN AVE UNIT 1005
City-State-Zip:	WEST PALM BEACH FL 33401

Title	TD
Name	FORGIONE , ANTHONY TD
Address	300 SOUTH AUSTRALIAN AVE UNIT 219
City-State-Zip:	WEST PALM BEACH FL 33401

Title	DIRECTOR
Name	TOMMASINO, JOYCE
Address	6964 HOULTON CIRCLE SUITE 1
City-State-Zip:	LAKE WORTH FL 33467

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:** JOSEPH NASUTI

PD

02/20/2015

Electronic Signature of Signing Officer/Director Detail

Date