

**2020 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N07000002549

**Entity Name:** THE EDGE MASTER ASSOCIATION, INC.

**FILED**  
**Jan 08, 2020**  
**Secretary of State**  
**7156690696CC**

**Current Principal Place of Business:**

300 SOUTH AUSTRALIAN AVENUE  
MANAGEMENT OFFICE #100  
WEST PALM BEACH, FL 33401

**Current Mailing Address:**

300 SOUTH AUSTRALIAN AVE  
MANAGEMENT OFFICE #100  
WEST PALM BEACH , FL 33401 US

**FEI Number: 20-8632577**

**Certificate of Status Desired: No**

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

FIELDS AND BACHOVE PLLC  
4440 PGA BOULEVARD, SUITE 308  
PALM BEACH GARDENS, FL 33410 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:** FIELDS BACHOVE

01/08/2020

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title            PRESIDENT  
Name            NASUTI, JOSEPH  
Address        300 SOUTH AUSTRALIAN AVE  
                  UNIT 816  
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            VP  
Name            DAVIS, SCOTT  
Address        300 SOUTH AUSTRALIAN AVE  
                  UNIT 122  
City-State-Zip: WEST PALM BEACH FL 33401

Title            DIRECTOR  
Name            MACRAE, GORDON  
Address        300 S AUSTRALIAN AVE  
                  UNIT 616  
City-State-Zip: WEST PALM BEACH FL 33401

Title            TREASURER  
Name            GANGBAR, HOWARD  
Address        300 S AUSTRALIAN AVE  
                  UNIT #506  
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:** JOSEPH NASUTI

**PRESIDENT**

01/08/2020

Electronic Signature of Signing Officer/Director Detail

Date