

**2023 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N19000008781

**Entity Name:** SURFEDGE AT INDIAN RIVER SHORES MASTER ASSOCIATION, INC.

**Current Principal Place of Business:**

4850 TAMIAMI TRAIL N ST 200  
NAPLES, FL 34103

**Current Mailing Address:**

4850 TAMIAMI TRAIL N ST 200  
NAPLES, FL 34103 US

**FEI Number:** 85-1348725

**Certificate of Status Desired:** No

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

GREGORY, C N  
4001 TAMIAMI TRAIL N., SUITE 105  
NAPLES, FL 34103 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 DPT  
Name GUTMAN, HOWARD B  
Address 4200 GULF SHORE BLVD. NORTH  
City-State-Zip: NAPLES FL 34103

Title D/VP  
Name HOYT, MICHAEL T  
Address 4200 GULF SHORE BLVD. NORTH  
City-State-Zip: NAPLES FL 34103

Title D/S  
Name LUTGERT, ERIK F  
Address 4200 GULF SHORE BLVD. NORTH  
City-State-Zip: NAPLES FL 34103

*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: HOWARD B GUTMAN

DPT

04/03/2023

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

\_\_\_\_\_  
Date