

2017 FLORIDA NOT FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# N19289

Entity Name: EDGEWOOD OF GULF TRACE HOMEOWNERS ASSOCIATION, INC.

FILED
Mar 27, 2017
Secretary of State
CC6699441271

Current Principal Place of Business:

720 BROOKER CREEK BLVD.
SUITE 206
OLDSMAR, FL 34677

Current Mailing Address:

720 BROOKER CREEK BLVD.
SUITE 206
OLDSMAR, FL 34677 US

FEI Number: 59-2893802

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

SCANNAVINO, INC.
720 BROOKER CREEK BLVD.
SUITE 206
OLDSMAR, FL 34677 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: DOMINICK SCANNAVINO

03/27/2017

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title PD
Name MAZE, ROBERT
Address 720 BROOKER CREEK BLVD.
SUITE 206
City-State-Zip: OLDSMAR FL 34677

Title VPD
Name MASSIMILLO, PAULINE
Address 720 BROOKER CREEK BLVD.
SUITE 206
City-State-Zip: OLDSMAR FL 34677

Title TD
Name PEAVLEY, SHARRON
Address 720 BROOKER CREEK BLVD.
SUITE 206
City-State-Zip: OLDSMAR FL 34677

Title SD
Name MOLITOR, SALLY
Address 720 BROOKER CREEK BLVD.
SUITE 206
City-State-Zip: OLDSMAR FL 34677

Title D
Name SISK, THOMAS
Address 720 BROOKER CREEK BLVD.
SUITE 206
City-State-Zip: OLDSMAR FL 34677

Title D
Name GRASHOT, LOUIE
Address 720 BROOKER CREEK BLVD.
SUITE 206
City-State-Zip: OLDSMAR FL 34677

Title D
Name PEFLEY, ROGER
Address 720 BROOKER CREEK BLVD.
SUITE 206
City-State-Zip: OLDSMAR FL 34677

Title D
Name CROCE, VINNIE
Address 720 BROOKER CREEK BLVD.
SUITE 206
City-State-Zip: OLDSMAR FL 34677

Continues on page 2

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 MAZE

PRESIDENT

03/27/2017

Officer/Director Detail Continued :

Title D
Name PETERS, TOM
Address 720 BROOKER CREEK BLVD.
SUITE 206
City-State-Zip: OLDSMAR FL 34677