

2020 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N19289

FILED
Jan 29, 2020
Secretary of State
9048748221CC

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

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

01/29/2020

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

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

Title TD
Name CHAPHE, KIMBERLY
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 MORE, RON
Address 720 BROOKER CREEK BLVD.
SUITE 206
City-State-Zip: OLDSMAR FL 34677

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

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

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

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: GLORIA FENTON

PRESIDENT

01/29/2020

Electronic Signature of Signing Officer/Director Detail

Date