

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

DOCUMENT# N28901

**Entity Name:** EDGEWATER COVE SECTION 4 ASSOCIATION, INC.**Current Principal Place of Business:**1100 EDGEWATER CIRCLE  
BRADENTON, FL 34209**Current Mailing Address:**GULF COAST ASSOCIATION MANAGEMENT LLC  
PO BOX 14663  
BRADENTON, FL 34280 US**FEI Number:** 65-0106210**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**GULF COAST ASSOCIATION MANGEMENT  
GULF COAST ASSOCIATION MANAGEMENT  
4410 FAIRWAYS BLVD 407  
BRADENTON, FL 34209 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:** MOLLY TREWORGY

03/24/2023

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title D, PRESIDENT  
Name PEREDY, GEORGE  
Address 1271 EDGEWATER CIRCLE  
City-State-Zip: BRADENTON FL 34209

Title DIRECTOR, VP  
Name PEACOCK, LEE  
Address 1275 EDGEWATER CIRCLE  
City-State-Zip: BRADENTON FL 34209

Title DIRECTOR, TREASURER  
Name NAVIAUX, ROBERT  
Address 1295 EDGEWATER CIRCLE  
City-State-Zip: BRADENTON FL 34209

Title DIRECTOR, SECRETARY  
Name CLAEYS, BRIAN  
Address 1279 EDGEWATER CIRCLE  
City-State-Zip: BRADENTON FL 34209

Title DIRECTOR  
Name LISLE, SHERRILL  
Address 1251 EDGEWATER CIRCLE  
City-State-Zip: BRADENTON FL 34209

Title MANAGER  
Name TREWORGY, MOLLY  
Address GULF COAST ASSOCIATION  
MANAGEMENT LLC  
PO BOX 14663  
City-State-Zip: BRADENTON FL 34280

*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:** MOLLY TREWORGY

MGR

03/24/2023

Electronic Signature of Signing Officer/Director Detail

Date