#### Title PD Title VD Nomo EDMUNDS MEUSSA ...

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.

Name	EDMUNDS, MELISSA	Name	HOGAN, ANGIE
Address	697 LAKE HARBOR CR	Address	606 LAKE HARBO
City-State-Zip:	EDGEWOOD FL 32809	City-State-Zip:	EDGEWOOD FL
Title	STD		
Name	POZO, JOSEPH		
Address	679 LAKE HARBOR CR		
City-State-Zip:	EDGEWOOD FL 32809		

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.

STD

SIGNATURE: JOSEPH POZO

Electronic Signature of Signing Officer/Director Detail

Entity Name: EDGEWOOD VILLAGE ASSOCIATION, INC.

### **Current Principal Place of Business:**

679 LAKE HARBOR CR EDGEWOOD, FL 32809

#### **Current Mailing Address:**

P.O. BOX 592675 ORLANDO, FL 32859

### FEI Number: 59-3153281

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

Electronic Signature of Registered Agent

POZO, JOSEPH 679 LAKE HARBOR CR EDGEWOOD, FL 32809 US

**Officer/Director Detail :** 

SIGNATURE:

Certificate of Status Desired: No

OR CR 32809

02/17/2015

## 2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

# DOCUMENT# N43846

#### FILED Feb 17, 2015 Secretary of State CC5834380671

Date

Date