

**2017 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N94000005526

**Entity Name:** EDGEWATER AT GULF HARBOUR HOMEOWNERS' ASSOCIATION, INC.**FILED**  
**Mar 16, 2017**  
**Secretary of State**  
**CC8749845030****Current Principal Place of Business:**C/O RESORT MANAGEMENT  
2685 HORSESHOE DR S #215  
NAPLES, FL 34104**Current Mailing Address:**C/O RESORT MANAGEMENT  
2685 HORSESHOE DR S #215  
NAPLES, FL 34104 US**FEI Number: 59-3294454****Certificate of Status Desired: No****Name and Address of Current Registered Agent:**SHIELDS, CHRISTOPHER J. ESQ.  
PAVESE LAW FIRM  
1833 HENDRY STREET  
FORT MYERS, FL 33901 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:** CHRISTOPHER J. SHIELDS

03/16/2017

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title	PRESIDENT
Name	DUNCAN, DOUG
Address	11440 LONGWATER CHASE COURT
City-State-Zip:	FORT MYERS FL 33908

Title	TREASURER
Name	LENTNEK, MARGARET
Address	14560 DORY LANE
City-State-Zip:	FORT MYERS FL 33908

Title	DIRECTOR
Name	ASCIOTI, JEANINE
Address	11481 WELLFLEET DRIVE
City-State-Zip:	FORT MYERS FL 33908

Title	VP
Name	MARSAN, CORLYN
Address	14591 OCEAN BLUFF DRIVE
City-State-Zip:	FORT MYERS FL 33908

Title	SECRETARY
Name	KNUST, DAVID
Address	11300 LONGWATER CHASE CT
City-State-Zip:	FORT MYERS FL 33908

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:** DOUGLAS DUNCAN

PRESIDENT

03/16/2017

Electronic Signature of Signing Officer/Director Detail

Date