

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

DOCUMENT# N07834

**Entity Name:** EDGEWOOD CONDOMINIUM ASSOCIATION, INC.**Current Principal Place of Business:**1071 EDGEWOOD AVE S  
JACKSONVILLE, FL 32205**Current Mailing Address:**P. O. BOX 50886  
JACKSONVILLE BEACH, FL 32240**FEI Number:** 59-2491983**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**RIVER CITY MANAGEMENT SERVICES, INC.  
1639 BEACH BLVD.  
JACKSONVILLE BEACH, FL 32250 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:**\_\_\_\_\_  
Electronic Signature of Registered Agent\_\_\_\_\_  
Date**Officer/Director Detail :**

Title            PRESIDENT  
Name            ZIMMERMAN, KATE  
Address        P. O. BOX 50886  
City-State-Zip: JACKSONVILLE BEACH FL 32240

Title            DIRECTOR  
Name            LINER, ANN  
Address        P. O. BOX 50886  
City-State-Zip: JACKSONVILLE BEACH FL 32240

Title            DIRECTOR  
Name            FISSEL, ANN  
Address        P. O. BOX 50886  
City-State-Zip: JACKSONVILLE BEACH FL 32240

Title            DIRECTOR  
Name            EDDINS, CAROLYN  
Address        P. O. BOX 50886  
City-State-Zip: JACKSONVILLE BEACH FL 32240

Title            D  
Name            MCELROY, NOREEN  
Address        P. O. BOX 50886  
City-State-Zip: JACKSONVILLE BEACH FL 32240

Title            DIRECTOR  
Name            MCLAUGHLIN, SANDY  
Address        P. O. BOX 50886  
City-State-Zip: JACKSONVILLE BEACH FL 32240

Title            DIRECTOR  
Name            MOODY, CATHY  
Address        P. O. BOX 50886  
City-State-Zip: JACKSONVILLE BEACH FL 32240

*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:** KATE ZIMMERMAN

PRESIDENT

04/13/2017

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail\_\_\_\_\_  
Date