| 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: DEBBIE CREAMER

Electronic Signature of Signing Officer/Director Detail

02/04/2022 Date

2022 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:

414 OLD HARD ROAD SUITE 502 FLEMING ISLAND, FL 32003 US

FEI Number: 59-2491983

Name and Address of Current Registered Agent:

FLORIDIAN PROPERTY MANAGEMENT, LLC 414 OLD HARD ROAD SUITE 502 FLEMING ISLAND, FL 32003 US FILED Feb 04, 2022 Secretary of State 2738327421CC

Certificate of Status Desired: No

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 | : LINDA PARRISH | | | 02/04/2022 | |
|---------------------------|------------------------------------------|-----------------|--------------------------------|------------|--|
| | Electronic Signature of Registered Agent | | | Date | |
| Officer/Director Detail : | | | | | |
| Title | PRESIDENT | Title | DIRECTOR, SECRETARY | | |
| Name | CREAMER, DEBBIE | Name | WILSON, ARDICE | | |
| Address | 414 OLD HARD ROAD SUITE 502 | Address | 414 OLD HARD ROAD SUITE 502 | | |
| City-State-Zip: | FLEMING ISLAND FL 32003 | City-State-Zip: | FLEMING ISLAND FL 32003 | | |
| Title | DIRECTOR, VP, TREASURER | Title | DIRECTOR | | |
| Name | COOKE, MARICE | Name | MCELROY, NORENE | | |
| Address | 414 OLD HARD ROAD SUITE 502 | Address | 414 OLD HARD ROAD SUITE 502 | | |
| City-State-Zip: | FLEMING ISLAND FL 32003 | City-State-Zip: | FLEMING ISLAND FL 32003 | | |
| Title | DIRECTOR | | | | |
| Name | MCLAUGHLIN, SANDRA | | | | |
| Address | 414 OLD HARD ROAD SUITE 502 | | | | |
| City-State-Zip: | FLEMING ISLAND FL 32003 | | | | |