

2024 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**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**FLORIDIAN PROPERTY MANAGEMENT, LLC
414 OLD HARD ROAD
SUITE 502
FLEMING ISLAND, FL 32003 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:** LINDA PARRISH

02/07/2024

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title PRESIDENT
Name WRIGHT, TIM
Address 414 OLD HARD ROAD
 SUITE 502
City-State-Zip: FLEMING ISLAND FL 32003

Title DIRECTOR, SECRETARY
Name WILSON, ARDICE
Address 414 OLD HARD ROAD
 SUITE 502
City-State-Zip: FLEMING ISLAND FL 32003

Title DIRECTOR, VP, TREASURER
Name COOKE, MARY
Address 414 OLD HARD ROAD
 SUITE 502
City-State-Zip: FLEMING ISLAND FL 32003

Title DIRECTOR
Name MCELROY, NORENE
Address 414 OLD HARD ROAD
 SUITE 502
City-State-Zip: FLEMING ISLAND FL 32003

Title DIRECTOR
Name POGUE, BEN
Address 414 OLD HARD ROAD
 SUITE 502
City-State-Zip: FLEMING ISLAND FL 32003

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: TIM WRIGHT

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02/07/2024

Electronic Signature of Signing Officer/Director Detail

Date