

2018 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	CREAMER, DEBBIE
Address	P. O. BOX 50886
City-State-Zip:	JACKSONVILLE BEACH FL 32240

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

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

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

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

Title	DIRECTOR
Name	LEGAT, JOHN
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

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**PRESIDENT****02/03/2018**_____
Electronic Signature of Signing Officer/Director Detail_____
Date