

**2023 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N22000002698

**Entity Name:** EDGEWATER POINTE RESIDENTIAL COMMUNITY ASSOCIATION, INC.

**FILED**  
**Apr 24, 2023**  
**Secretary of State**  
**0422394760CC**

**Current Principal Place of Business:**

1400 CENTREPOINT BLVD STE 1000  
WEST PALM BEACH, FL 33401

**Current Mailing Address:**

1400 CENTREPOINT BLVD STE 1000  
WEST PALM BEACH, FL 33401 US

**FEI Number: 88-2415825**

**Certificate of Status Desired: No**

**Name and Address of Current Registered Agent:**

SCHIFFER, MARTHA  
10117 PRINCESS PALM AVE STE 550  
TAMPA, FL 33610 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 DP  
Name SCHIFFER, MARTHA  
Address 1400 CENTREPOINT BLVD STE 1000  
City-State-Zip: WEST PALM BEACH FL 33401

Title DVPT  
Name GERMINO, MEGAN  
Address 1400 CENTREPOINT BLVD STE 1000  
City-State-Zip: WEST PALM BEACH FL 33401

Title DS  
Name KNOTT, BOBBY  
Address 1400 CENTREPOINT BLVD STE 1000  
City-State-Zip: WEST PALM BEACH FL 33401

*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: MARTHA SCHIFFER

PRESIDENT

04/24/2023

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

\_\_\_\_\_ Date