2019 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N94000005526

Entity Name: EDGEWATER AT GULF HARBOUR HOMEOWNERS'

ASSOCIATION, INC.

Current Principal Place of Business:

C/O RESORT MANAGEMENT 2685 HORSESHOE DR S #215 NAPLES, FL 34104

Current Mailing Address:

C/O RESORT MANAGEMENT 2685 HORSESHOE DR S #215 NAPLES, FL 34104 US

FEI Number: 59-3294454 Certificate of Status Desired: No

Name and Address of Current Registered Agent:

SHIELDS, CHRISTOPHER J. ESQ. PAVESE LAW FIRM 1833 HENDRY STREET FORT MYERS, FL 33901 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: CHRISTOPHER J. SHIELDS 04/15/2019

Electronic Signature of Registered Agent Date

City-State-Zip:

NAPLES FL 34104

Officer/Director Detail:

Title PRESIDENT Title TREASURER

Name DUNCAN, DOUG Name LENTNEK, MARGARET

Address C/O RESORT MANAGEMENT Address C/O RESORT MANAGEMENT

2685 HORSESHOE DR S #215 2685 HORSESHOE DR S #215

City-State-Zip: NAPLES FL 34104 City-State-Zip: NAPLES FL 34104

Title DIRECTOR Title DIRECTOR

Name FRANKLIN, MICHAEL Name MARSAN, CORLYN

Address C/O RESORT MANAGEMENT Address C/O RESORT MANAGEMENT

2685 HORSESHOE DR S #215 2685 HORSESHOE DR S #215

Title VP, SECRETARY

Name KNUST, DAVID

Address C/O RESORT MANAGEMENT 2685 HORSESHOE DR S #215

NAPLES FL 34104

City-State-Zip: NAPLES FL 34104

City-State-Zip:

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: DOUGLAS DUNCAN PRESIDENT 04/15/2019

FILED Apr 15, 2019

Secretary of State

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