

**2018 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N98000005849

**Entity Name:** THE RESIDENCES AT WORLD GOLF VILLAGE CONDOMINIUM ASSOCIATION, INC.

**FILED**  
**Mar 28, 2018**  
**Secretary of State**  
**CC7353880729**

**Current Principal Place of Business:**

414 OLD HARD ROAD  
STE 502  
FLEMING ISLAND, FL 32003

**Current Mailing Address:**

C/O FLORIDIAN PROPERTY MANAGEMENT, LLC  
414 OLD HARD ROAD, #502  
FLEMING ISLAND, FL 32003 US

**FEI Number: 59-3541311**

**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:**

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title VICE PRESIDENT  
Name LAMONTGNE, EDWARD  
Address 414 OLD HARD ROAD, #502  
City-State-Zip: FLEMING ISLAND FL 32003

Title TREASURER  
Name THOMASON, CAROLEE  
Address 414 OLD HARD ROAD, #502  
City-State-Zip: FLEMING ISLAND FL 32003

Title SECRETARY  
Name RICHTER, DON  
Address 414 OLD HARD ROAD, #502  
City-State-Zip: FLEMING ISLAND FL 32003

Title DIRECTOR  
Name FERRERI, SAL  
Address 414 OLD HARD ROAD, #502  
City-State-Zip: FLEMING ISLAND FL 32003

Title PRESIDENT  
Name MCGINLEY, EDWARD  
Address 414 OLD HARD ROAD  
STE 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: EDWARD MCGINLEY**

**PRESIDENT**

**03/28/2018**

Electronic Signature of Signing Officer/Director Detail

Date