

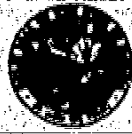
FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

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**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

**CORPORATION
ANNUAL REPORT
1995**



**FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS**

DOCUMENT # 756980 (9)
1. Corporation Name
EDENBRIDGE GARDENS HOMEOWNERS ASSOCIATION, INC.

Principal Place of Business Mailing Address
27128 EDENBRIDGE CT BONITA SPRINGS FL 33923

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 03/27/1981	3a. Date of Last Report 04/29/1994
4. FEI Number 65-0181807	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status <input type="checkbox"/>	\$68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21. Suite, Apt. #, etc.	26. Suite, Apt. #, etc.
22. City & State	27. City & State
23. Zip Country	28. Zip Country
24. Zip	25. Country
29. Zip	30. Country

9. Name and Address of Current Registered Agent

**LORD, PAT
27128 EDENBRIDGE CT
BONITA SPRINGS FL 33923**

10. Name and Address of New Registered Agent

81. Name	
82. Street Address (P.O. Box Number is Not Acceptable)	
83. City	
84. Zip Code	FL

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HERB NALE,	1.2 NAME	Tom Hicks
STREET ADDRESS	27140 EDENBRIDGE CT	1.3 STREET ADDRESS	27112 Edenbridge Ct
CITY-ST-ZIP	BONITA SPRINGS FL 33923	1.4 CITY-ST-ZIP	Bonita Springs FL 33923
TITLE	V	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TOM HICKS	2.2 NAME	Joe Ryan
STREET ADDRESS	27112 EDENBRIDGE CT	2.3 STREET ADDRESS	27108 Edenbridge Ct.
CITY-ST-ZIP	BONITA SPRINGS FL 33923	2.4 CITY-ST-ZIP	Bonita Springs FL 33923
TITLE	I	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DOROTHY PIMENTEL	3.2 NAME	
STREET ADDRESS	27129 EDENBRIDGE CT	3.3 STREET ADDRESS	
CITY-ST-ZIP	BONITA SPRINGS FL 33923	3.4 CITY-ST-ZIP	
TITLE	SO	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FRAN OSTERHOUDT,	4.2 NAME	
STREET ADDRESS	27136 EDENBRIDGE CT	4.3 STREET ADDRESS	
CITY-ST-ZIP	BONITA SPRINGS FL	4.4 CITY-ST-ZIP	
TITLE	D	5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BANKS, DOROTHY	5.2 NAME	Grace Lester
STREET ADDRESS	27153 EDENBRIDGE CT	5.3 STREET ADDRESS	27132 Edenbridge Ct.
CITY-ST-ZIP	BONITA SPRINGS FL 33923	5.4 CITY-ST-ZIP	Bonita Springs FL 33923
TITLE	D	6.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HICKS, JEAN	6.2 NAME	Steve Lohan
STREET ADDRESS	27112 EDENBRIDGE CT	6.3 STREET ADDRESS	27101 Edenbridge Ct.
CITY-ST-ZIP	BONITA SPRINGS FL 33923	6.4 CITY-ST-ZIP	Bonita Springs FL 33923

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(h), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my 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 in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Dorothy Pimentel Treasurer 4-19-95 813-994-8492
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Day/line/Year

ATTACHMENT 1

756980

EDENBRIDGE GARDENS HOMEOWNER ASSOCIATION, INC.

Additional changes to #13

D
Herb Nale
27140 Edenbridge Ct
Bonita Springs FL 33923