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NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 756980

1. Corporation Name
EDENBRIDGE GARDENS HOMEOWNERS ASSOCIATION, INC.

Principal Place of Business 27128 EDENBRIDGE COURT BONITA SPRINGS FL 34135	Mailing Address 27128 EDENBRIDGE COURT BONITA SPRINGS FL 34135
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2. Principal Place of Business 21	2a. Mailing Address 26	3. Date Incorporated or Qualified 03/27/1981
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 65-0181807
City & State 23	City & State 28	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
Zip 24	Country 25	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent

LORD, PAT
 27128 EDENBRIDGE COURT
 BONITA SPRINGS FL 34135

10. Name and Address of New Registered Agent

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	FL

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	P <input checked="" type="checkbox"/> DELETE	1.1 TITLE
NAME	DIXON, THOMAS	1.2 NAME
STREET ADDRESS	27161 EDENBRIDGE COURT	1.3 STREET ADDRESS
CITY-ST-ZIP	BONITA SPRINGS FL 34145	1.4 CITY-ST-ZIP
TITLE	VP <input type="checkbox"/> DELETE	2.1 TITLE
NAME	BROOKS, KATHY	2.2 NAME
STREET ADDRESS	27165 EDENBRIDGE COURT	2.3 STREET ADDRESS
CITY-ST-ZIP	BONITA SPRINGS FL 34135	2.4 CITY-ST-ZIP
TITLE	S <input type="checkbox"/> DELETE	3.1 TITLE
NAME	KLINKER, JAYNE	3.2 NAME
STREET ADDRESS	27144 EDENBRIDGE COURT	3.3 STREET ADDRESS
CITY-ST-ZIP	BONITA SPRINGS FL 34135	3.4 CITY-ST-ZIP
TITLE	T <input type="checkbox"/> DELETE	4.1 TITLE
NAME	PIMENTEL, DOROTHY	4.2 NAME
STREET ADDRESS	27129 EDENBRIDGE COURT	4.3 STREET ADDRESS
CITY-ST-ZIP	BONITA SPRINGS FL 34135	4.4 CITY-ST-ZIP
TITLE	D <input type="checkbox"/> DELETE	5.1 TITLE
NAME	PUTRICH, JOHN	5.2 NAME
STREET ADDRESS	27117 EDENBRIDGE COURT	5.3 STREET ADDRESS
CITY-ST-ZIP	BONITA SPRINGS FL 34135	5.4 CITY-ST-ZIP
TITLE	D <input checked="" type="checkbox"/> DELETE	6.1 TITLE
NAME	LESTER, GRACE	6.2 NAME
STREET ADDRESS	27132 EDENBRIDGE COURT	6.3 STREET ADDRESS
CITY-ST-ZIP	BONITA SPRINGS FL 34145	6.4 CITY-ST-ZIP

1.1 TITLE	P <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Reddy, Jim
1.3 STREET ADDRESS	27133 Edenbridge Ct.
1.4 CITY-ST-ZIP	Bonita Springs, FL 34135
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	Robert Kuhny
6.3 STREET ADDRESS	27116 Edenbridge Ct.
6.4 CITY-ST-ZIP	Bonita Springs, FL 34135

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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, with all other like empowered.

SIGNATURE: [Signature] DATE: January 19, 1999 DAYTIME PHONE: 941-947-9400

CR2E037 (11/98)