

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 28, 2001 8:00 am
Secretary of State

02-28-2001 90029 011 ****61.25

DOCUMENT # 756980

1. Entity 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

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **65-0181807**

Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

LORD, PAT
27128 EDENBRIDGE COURT
BONITA SPRINGS FL 34135

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. 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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	P	<input checked="" type="checkbox"/> Delete
NAME	REDDY, JIM	
STREET ADDRESS	27133 EDENBRIDGE CT	
CITY-ST-ZIP	BONITA SPRINGS FL 34135	
TITLE	D	<input type="checkbox"/> Delete
NAME	DAVIS, DONAL	
STREET ADDRESS	27125 EDENBRIDGE CT	
CITY-ST-ZIP	BONITA SPRINGS FL 34135	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	TENBRUGGENATE, JOAN	
STREET ADDRESS	27160 EDENBRIDGE CT	
CITY-ST-ZIP	BONITA SPRINGS FL 34135	
TITLE	T	<input type="checkbox"/> Delete
NAME	PIMENTEL, DOROTHY	
STREET ADDRESS	27129 EDENBRIDGE COURT	
CITY-ST-ZIP	BONITA SPRINGS FL 34135	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	PUTRICH, JOHN	
STREET ADDRESS	27117 EDENBRIDGE COURT	
CITY-ST-ZIP	BONITA SPRINGS FL 34135	
TITLE	V	<input type="checkbox"/> Delete
NAME	HOLLAND, NANCY	
STREET ADDRESS	27153 EDENBRIDGE CT	
CITY-ST-ZIP	BONITA SPRINGS FL 34135	

TITLE	President	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Kathy Brooks	
STREET ADDRESS	27165 Edenbridge Court Bonita Springs	
CITY-ST-ZIP		
TITLE	Secretary	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Robert Kuhny	
STREET ADDRESS	27116 Edenbridge Ct. Bonita Springs	
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Thomas Dixon	
STREET ADDRESS	27161 Edenbridge Ct.	
CITY-ST-ZIP	Bonita Springs	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

[Handwritten Signature]
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Feb. 8, 2001

Date Daytime Phone #

CR2E037 (10/00)