

**FILE NOW: FILING FEE IS \$61.25**

**FILED**  
**Feb 16 1998 8:00am**  
**Secretary of State**

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # N94000002139 (3)**

1. Corporation Name  
**EVENTIDE HOMEOWNERS' ASSOCIATION, INC.**



Principal Place of Business <b>740 BAYFRONT PARKWAY 3A PENSACOLA FL 32501 US</b>		Mailing Address <b>PO BOX 329 PENSACOLA FL 32592 US</b>	3. Date Incorporated or Qualified <b>04/27/1994</b>
2. Principal Place of Business <b>21 730 Bayfront Parkway</b> Suite, Apt. #, etc. <b>22 3A</b> City & State <b>23 Pensacola, FL</b> Zip <b>24 32501</b> Country <b>25 US</b>		2a. Mailing Address <b>26</b> Suite, Apt. #, etc. <b>27</b> City & State <b>28</b> Zip <b>29</b> Country <b>30</b>	4. FEI Number <b>59-3241416</b> Applied For Not Applicable
		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
		7. Is this nonprofit corporation a homeowners association? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

9. Name and Address of Current Registered Agent <b>PRESLEY, M. EUGENE 740 BAYFRONT PARKWAY SUITE 3A PENSACOLA FL 32501</b>		10. Name and Address of New Registered Agent <b>81 Name</b> <b>82 Street Address (P.O. Box Number is Not Acceptable) 730 Bayfront Parkway</b> <b>83 Suite 3A</b> <b>84 City Pensacola FL 85 Zip Code 32501</b>	
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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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>PD HUTCHINS, CHARLES T</b>	1.2 NAME	
STREET ADDRESS	<b>513 EVENTIDE</b>	1.3 STREET ADDRESS	
CITY-ST-ZIP	<b>GULF BREEZE FL 32561</b>	1.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>VPO VALLIMONT, JANE E</b>	2.2 NAME	
STREET ADDRESS	<b>2400 TRONJO CIR</b>	2.3 STREET ADDRESS	
CITY-ST-ZIP	<b>PENSACOLA FL 32503</b>	2.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>ST PRESLEY, EUGENE C</b>	3.2 NAME	
STREET ADDRESS	<b>P.O. BOX 329 N/A</b>	3.3 STREET ADDRESS	
CITY-ST-ZIP	<b>PENSACOLA FL 32503</b>	3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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.

SIGNATURE:  **M. Eugene Presley** 2-10-98 850 4227066

CR2E037 (10/97)