

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N94000002139

FILED  
Jan 05, 2005  
Secretary of State

**Entity Name:** EVENTIDE HOMEOWNERS' ASSOCIATION, INC.

**Current Principal Place of Business:**

530 EVENTIDE DRIVE  
GULF BREEZE, FL 32561 US

**New Principal Place of Business:**

**Current Mailing Address:**

530 EVENTIDE DRIVE  
GULF BREEZE, FL 32561 US

**New Mailing Address:**

**FEI Number:** 59-3241416

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

LATOURETTE, HARRY  
530 EVENTIDE DRIVE  
GULF BREEZE, FL 32561 US

**Name and Address of New Registered Agent:**

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

**OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete  
Name: LATOURETTE, HARRY T  
Address: 530 EVENTIDE DRIVE  
City-St-Zip: GULF BREEZE, FL 32561

Title: VPD ( ) Delete  
Name: PATRICK, CHRIS  
Address: 515 EVENTIDE DRIVE  
City-St-Zip: GULF BREEZE, FL 32561

Title: TD (X) Delete  
Name: LEGENDRE, LAURA  
Address: 514 EVENTIDE DRIVE  
City-St-Zip: GULF BREEZE, FL 32561

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: PD (X) Change ( ) Addition  
Name: LATOURETTE, HARRY H  
Address: 530 EVENTIDE DRIVE  
City-St-Zip: GULF BREEZE, FL 32561

Title: VPD (X) Change ( ) Addition  
Name: PATRICK, CHRIS  
Address: 515 EVENTIDE DRIVE  
City-St-Zip: GULF BREEZE, FL 32561

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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

SIGNATURE: HARRY LATOURETTE

PD

01/05/2005

Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date