

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED
Jan 05, 2005
Secretary of State**

DOCUMENT# N94000002139

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 EVENTIRD 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