


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 15, 2006 8:00 am
Secretary of State

02-15-2006 90037 007 ****61.25

DOCUMENT # N94000002139

1. Entity Name
EVENTIDE HOMEOWNERS' ASSOCIATION, INC.



Principal Place of Business Mailing Address

**530 EVENTIDE DRIVE
 GULF BREEZE FL 32561
 US** **530 EVENTIDE DRIVE
 GULF BREEZE FL 32561
 US**



2. Principal Place of Business 3. Mailing Address

515 EVENTIDE DRIVE **515 EVENTIDE DRIVE**
 Suite, Apt. #, etc. Suite, Apt. #, etc.

1st MOORE CR2E037 (10/05)

City & State City & State

GULF BREEZE FL **GULF BREEZE FL**

Zip Country Zip Country

32561 **USA** **32561** **USA**

4. FEI Number Applied For

59-3241416 Not Applicable

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

6. Name and Address of Current Registered Agent

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

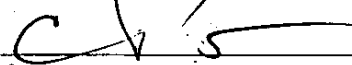
7. Name and Address of New Registered Agent

Name: **CHRISTOPHER PATRICK**

Street Address (P.O. Box Number is Not Acceptable):
515 EVENTIDE DRIVE

City: **GULF BREEZE** FL Zip Code: **32561**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE:  DATE: **02 FEB 06**

Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when re-registering) DATE

FILE NOW: FEE IS \$61.25
Due By May 1, 2006

9. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	LATOURETTE, HARRY H	
STREET ADDRESS	530 EVENTIDE DRIVE	
CITY-ST-ZIP	GULF BREEZE FL 32561	
TITLE	VPD	<input type="checkbox"/> Delete
NAME	PATRICK, CHRIS	
STREET ADDRESS	515 EVENTIDE DRIVE	
CITY-ST-ZIP	GULF BREEZE FL 32561	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	PRESIDENT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PATRICK, CHRIS	
STREET ADDRESS	515 EVENTIDE DRIVE	
CITY-ST-ZIP	GULF BREEZE, FL 32561	
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		<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 exemptions contained in Section 119, 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:  DATE: **02 FEB 06** **950.377.5579**