

2011 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT**FILED
Sep 21, 2011
Secretary of State**

DOCUMENT# N94000002139

Entity Name: EVENTIDE HOMEOWNERS' ASSOCIATION, INC.**Current Principal Place of Business:**515 EVENTIDE DRIVE
GULF BREEZE, FL 32561 US**New Principal Place of Business:**524 EVENTIDE DRIVE
GULF BREEZE, FL 32561 US**Current Mailing Address:**515 EVENTIDE DRIVE
GULF BREEZE, FL 32561 US**New Mailing Address:**524 EVENTIDE DRIVE
GULF BREEZE, FL 32561 US

FEI Number: 59-3241416

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:PATRICK, CHRISTOPHER
515 EVENTIDE DR
GULF BREEZE, FL 32561 US**Name and Address of New Registered Agent:**WILSON, WILLIAM D
506 EVENTIDE DR
GULF BREEZE, FL 32561 US

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: WILLIAM D. WILSON

09/21/2011

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:Title: PRES
Name: WILSON, WILLIAM D
Address: 506 EVENTIDE DRIVE
City-St-Zip: GULF BREEZE, FL 32561Title: VP
Name: ANDREIS, HANK
Address: 516 EVENTIDE DRIVE
City-St-Zip: GULF BREEZE, FL 32561Title: TRES
Name: TUGGLE, TERRY L
Address: 524 EVENTIDE DRIVE
City-St-Zip: GULF BREEZE, FL 32561Title: SEC
Name: TUGGLE, PATRICIA J
Address: 524 EVENTIDE DRIVE
City-St-Zip: GULF BREEZE, FL 32561

I hereby 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 all other like empowered.

SIGNATURE: TERRY L. TUGGLE

TRES

09/21/2011

Electronic Signature of Signing Officer or Director

Date