

# 2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N94000002139

FILED  
Jan 10, 2012  
Secretary of State

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

**Current Principal Place of Business:**

524 EVENTIDE DRIVE  
GULF BREEZE, FL 32561 US

**New Principal Place of Business:**

**Current Mailing Address:**

524 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:**

WILSON, WILLIAM D  
506 EVENTIDE DR  
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: PRES  
Name: WILSON, WILLIAM D  
Address: 506 EVENTIDE DRIVE  
City-St-Zip: GULF BREEZE, FL 32561

Title: VP  
Name: ANDREIS, HANK  
Address: 516 EVENTIDE DRIVE  
City-St-Zip: GULF BREEZE, FL 32561

Title: TRES  
Name: TUGGLE, TERRY L  
Address: 524 EVENTIDE DRIVE  
City-St-Zip: GULF BREEZE, FL 32561

Title: 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

01/10/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date