duress of ourient Registered Agent.			
DR			
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.			
: DANIELLE REEDER			02/01/2015
Electronic Signature of Registered Agent			Date
ctor Detail :			
PRESIDENT	Title	VICE PRESIDENT	
SMITH, MARTIC R	Name	TUGGLE, TERRY	
512 EVENTIDE DR	Address	524 EVENTIDE DR	
GULF BREEZE FL 32561	City-State-Zip:	GULF BREEZE FL 32561	
	Title		
SECRETARY	The	IREASURER	
REEDER, DANIELLE	Name	ADAMS, JOHN C	
	ELLE DR FL 32561 US entity submits this statement for the purpose of changing its re : DANIELLE REEDER Electronic Signature of Registered Agent ctor Detail : PRESIDENT SMITH, MARTIC R 512 EVENTIDE DR GULF BREEZE FL 32561 SECRETARY	ELLE DR FL 32561 US entity submits this statement for the purpose of changing its registered office or regist : DANIELLE REEDER Electronic Signature of Registered Agent ctor Detail : PRESIDENT Title SMITH, MARTIC R Name 512 EVENTIDE DR Address GULF BREEZE FL 32561 City-State-Zip: SECRETARY Title	ELLE DR FL 32561 US entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Fl : DANIELLE REEDER Electronic Signature of Registered Agent Ctor Detail : PRESIDENT Title VICE PRESIDENT SMITH, MARTIC R Name TUGGLE, TERRY 512 EVENTIDE DR Address 524 EVENTIDE DR GULF BREEZE FL 32561 City-State-Zip: GULF BREEZE FL 32561 SECRETARY Title TREASURER

Address

506 EVENTIDE DR GULF BREEZE, FL 32561 US

DOCUMENT# N9400002139

506 EVENTIDE DR GULF BREEZE, FL 32561

Current Principal Place of Business:

FEI Number: 59-3241416

Current Mailing Address:

Name and Address of Current Registered Agent:

506 EVENTIDE DR

City-State-Zip: GULF BREEZE FL 32561

Entity Name: EVENTIDE HOMEOWNERS' ASSOCIATION, INC.

Address

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: DANIELLE REEDER

SECRETARY

516 EVENTIDE DR

City-State-Zip: GULF BREEZE FL 32561

02/01/2015

Electronic Signature of Signing Officer/Director Detail

2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

Certificate of Status Desired: No

Date

FILED Feb 01, 2015 Secretary of State

CC7623573515