

2014 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N94000002139

Entity Name: EVENTIDE HOMEOWNERS' ASSOCIATION, INC.

Current Principal Place of Business:

516 EVENTIDE DR
GULF BREEZE, FL 32561

Current Mailing Address:

516 EVENTIDE DR
GULF BREEZE, FL 32561 US

FEI Number: 59-3241416

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

MAGAN, LAURA K DR.
516 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: LAURA K MAGAN, MD

02/01/2014

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title PRESIDENT
Name SMITH, MARTIC R
Address 512 EVENTIDE DR
City-State-Zip: GULF BREEZE FL 32561

Title VP
Name DECAROLIS, CHUCK
Address 500 EVENTIDE DR
City-State-Zip: GULF BREEZE FL 32561

Title SECRETARY
Name MAGAN, LAURA K
Address 516 EVENTIDE DR
City-State-Zip: GULF BREEZE FL 32561

Title TREASURER
Name ADAMS, JOHN C
Address 516 EVENTIDE DR
City-State-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: LAURA MAGAN

SECRETARY

02/01/2014

Electronic Signature of Signing Officer/Director Detail

Date