

**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