
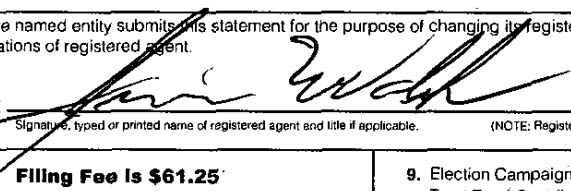
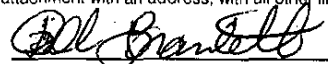


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 26, 2004 8:00 am
Secretary of State

04-26-2004 90475 042 ****61.25

| | | | | | |
|---|--|---------------------------------|---|--|------------------------------------|
| DOCUMENT # 727833 1. Entity Name EDEN SHORES CONDOMINIUM ASSOCIATION, INC. | | | |  | |
| Principal Place of Business 1350 SNELL ISLE BLVD NE SAINT PETERSBURG, FL 33704 US | | | Mailing Address 13017 PARK BLVD N SEMINOLE, FL 33776 US | | |
| 2. Principal Place of Business Suite, Apt. #, etc. | | | 3. Mailing Address Suite, Apt. #, etc. | | |
| City & State | | | City & State | | |
| Zip | | Country | | 4. FEI Number 59-3453712 | |
| 5. Certificate of Status Desired <input type="checkbox"/> | | | | \$8.75 Additional Fee Required | |
| 6. Name and Address of Current Registered Agent KAZAR, KIM C/O ALL FLORIDA REALTY SERVICES 13017 PARK BLVD N SEMINOLE, FL 33776 | | | | 7. Name and Address of New Registered Agent Name JIM WALSH Street Address (P.O. Box Number is Not Acceptable) All Florida Realty Services, Inc. 13017 PARK BLVD Seminole FL 33776 | |
| 8. 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE  DATE 04/20/2004 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> | | | | | |
| Filing Fee is \$61.25 Due by May 1, 2004 | | | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> | | \$5.00 May Be Added to Fees |
| Make check payable to Florida Department of State | | | | | |
| 10. OFFICERS AND DIRECTORS | | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PD BRAMLET, BILL 205 LINGALE AVE MARION, IL 62959 | <input type="checkbox"/> Delete | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VPD REGAN, JACK 1350 SHELL ISLE BLVD NE #1 SAINT PETERSBURG, FL 33704 | <input type="checkbox"/> Delete | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | SD PETERSON, RON 1338 SNELL ISLE BLVD NE #4 ST PETERSBURG, FL 33704 | <input type="checkbox"/> Delete | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | DT SMITH, DON 1350 SNELL ISLE BLVD STE 4 ST PETERSBURG, FL 33704 | <input type="checkbox"/> Delete | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | <input type="checkbox"/> Delete | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | <input type="checkbox"/> Delete | | | |
| 12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered. | | | | | |
| SIGNATURE:  Bill Bramlet Date 4/20/04 (727) 421-4105 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> | | | | | |

94065709



04192004 Chg-NP CR2E037 (10/03)