

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 745938 (1)
1. Corporation Name
EDENAIRE HOMEOWNERS AND PARK ASSOCIATION, INC.



Principal Place of Business Mailing Address
P.O. BOX 235 TAVERNIER FL 33070 **P.O. BOX 235 TAVERNIER FL 33070**

3. Date Incorporated or Qualified **02/14/1979** 3a. Date of Last Report **05/01/1995**
4. FEI Number **65-0098537** Applied For Not Applicable
5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**
6. Election Campaign Financing Trust Fund Contribution ☐ **\$5.00 May Be Added to Fees**
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business 2a. Mailing Address
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.
22 City & State 27 City & State
23 Zip 28 Zip
24 Country 25 Country 29 Country 30 Country

9. Name and Address of Current Registered Agent
**DAVIS, JOSEPH C
164 PEARL AVE.
TAVERNIER FL 33070**
10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title, if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD <input type="checkbox"/> DELETE	11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DAVIS, JOSEPH C	12 NAME	
STREET ADDRESS	164 PEARL AVE.	13 STREET ADDRESS	
CITY - ST - ZIP	TAVERNIER FL	14 CITY - ST - ZIP	
TITLE	SD <input type="checkbox"/> DELETE	21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DAVIS, LINDA L	22 NAME	
STREET ADDRESS	164 PEARL AVE.	23 STREET ADDRESS	
CITY - ST - ZIP	TAVERNIER FL	24 CITY - ST - ZIP	
TITLE	TD <input type="checkbox"/> DELETE	31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MARTIN, ELEANOR	32 NAME	
STREET ADDRESS	236 PEARL AVENUE	33 STREET ADDRESS	
CITY - ST - ZIP	TAVERNIER FL	34 CITY - ST - ZIP	
TITLE	DVP <input type="checkbox"/> DELETE	41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MONROE, BRENDA	42 NAME	
STREET ADDRESS	188 CORAL AVE.	43 STREET ADDRESS	
CITY - ST - ZIP	TAVERNIER FL	44 CITY - ST - ZIP	
TITLE	D <input type="checkbox"/> DELETE	51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SMITH, NIGEL	52 NAME	
STREET ADDRESS	175 PEARL AVE.	53 STREET ADDRESS	
CITY - ST - ZIP	TAVERNIER FL	54 CITY - ST - ZIP	
TITLE	D <input type="checkbox"/> DELETE	61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MCCINTOCK, DOUG	62 NAME	
STREET ADDRESS	135 PEARL AVENUE	63 STREET ADDRESS	
CITY - ST - ZIP	TAVERNIER FL	64 CITY - ST - ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Eleanor C. Martin

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Eleanor C. Martin Treasurer / Director

Date

5-16-96

Daytime Phone #

CR2E037 (12/95)