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Mar 28 1997 8:00am
Secretary of StateNONPROFIT
CORPORATION
ANNUAL REPORT
1997FLORIDA 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 33070P.O. BOX 235
TAVERNIER FL 33070-02353. Date Incorporated or Qualified
02/14/19793a. Date of Last Report
05/28/19964. FEI Number
65-0098537Applied For
Not Applicable5. Certificate of Status Desired ☐ \$8.75 Additional
Fee Required6. Election Campaign Financing
Trust Fund Contribution ☐ \$5.00 May Be
Added to Fees8. 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

Country

28 Zip

Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

DAVIS, JOSEPH C
164 PEARL AVE.
TAVERNIER FL 33070

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 ☐ DELETENAME PD
DAVIS, JOSEPH C
STREET ADDRESS 164 PEARL AVE.
CITY-ST-ZIP TAVERNIER FL1.1 TITLE ☐ Change ☐ AdditionTITLE ☐ DELETENAME SD
DAVIS, LINDA L
STREET ADDRESS 164 PEARL AVE.
CITY-ST-ZIP TAVERNIER FL1.2 NAME ☐ Change ☐ AdditionTITLE ☐ DELETENAME TD
MARTIN, ELEANOR
STREET ADDRESS 236 PEARL AVENUE
CITY-ST-ZIP TAVERNIER FL1.3 STREET ADDRESS ☐ Change ☐ AdditionTITLE ☐ DELETENAME DVP
MONROE, BRENDA
STREET ADDRESS 188 CORAL AVE.
CITY-ST-ZIP TAVERNIER FL1.4 CITY-ST-ZIP ☐ Change ☐ AdditionTITLE ☐ DELETENAME D
SMITH, NIGEL
STREET ADDRESS 175 PEARL AVE.
CITY-ST-ZIP TAVERNIER FL2.1 TITLE ☐ Change ☐ AdditionTITLE ☐ DELETENAME D
MCCLINTOCK, DOUG
STREET ADDRESS 135 PEARL AVENUE
CITY-ST-ZIP TAVERNIER FL2.2 NAME ☐ Change ☐ Addition2.3 STREET ADDRESS ☐ Change ☐ Addition2.4 CITY-ST-ZIP ☐ Change ☐ Addition3.1 TITLE ☐ Change ☐ Addition3.2 NAME ☐ Change ☐ Addition3.3 STREET ADDRESS ☐ Change ☐ Addition3.4 CITY-ST-ZIP ☐ Change ☐ Addition4.1 TITLE ☐ Change ☐ Addition4.2 NAME ☐ Change ☐ Addition4.3 STREET ADDRESS ☐ Change ☐ Addition4.4 CITY-ST-ZIP ☐ Change ☐ Addition5.1 TITLE ☐ Change ☐ Addition5.2 NAME ☐ Change ☐ Addition5.3 STREET ADDRESS ☐ Change ☐ Addition5.4 CITY-ST-ZIP ☐ Change ☐ Addition6.1 TITLE ☐ Change ☐ Addition6.2 NAME ☐ Change ☐ Addition6.3 STREET ADDRESS ☐ Change ☐ Addition6.4 CITY-ST-ZIP ☐ Change ☐ Addition

14. I do 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 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: X

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone # 0025948

CR2E037 (9/96)