

FILE NOW: FILING FEE IS \$61.25

FILED  
Apr 29 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # 745938 (1)**  
1. Corporation Name  
**EDENAIRE HOMEOWNERS AND PARK ASSOCIATION, INC.**

Principal Place of Business <b>P.O. BOX 235 TAVERNIER FL 33070</b>	Mailing Address <b>P.O. BOX 235 TAVERNIER FL 33070</b>
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3. Date Incorporated or Qualified  
**02/14/1979**

4. FEI Number <b>65-0098537</b>	Applied For <input type="checkbox"/> Not Applicable
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2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country
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5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
7. Is this nonprofit corporation a homeowners association? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

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 <b>FL</b> 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		
TITLE	<b>PD</b>	<input type="checkbox"/> DELETE
NAME	<b>DAVIS, JOSEPH C</b>	
STREET ADDRESS	<b>164 PEARL AVE.</b>	
CITY-ST-ZIP	<b>TAVERNIER FL</b>	
TITLE	<b>SO</b>	<input type="checkbox"/> DELETE
NAME	<b>DAVIS, LINDA L</b>	
STREET ADDRESS	<b>164 PEARL AVE.</b>	
CITY-ST-ZIP	<b>TAVERNIER FL</b>	
TITLE	<b>TD</b>	<input type="checkbox"/> DELETE
NAME	<b>MARTIN, ELEANOR</b>	
STREET ADDRESS	<b>236 PEARL AVENUE</b>	
CITY-ST-ZIP	<b>TAVERNIER FL</b>	
TITLE	<b>DVP</b>	<input type="checkbox"/> DELETE
NAME	<b>MONROE, BRENDA</b>	
STREET ADDRESS	<b>188 CORAL AVE.</b>	
CITY-ST-ZIP	<b>TAVERNIER FL</b>	
TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>SMITH, NIGEL</b>	
STREET ADDRESS	<b>175 PEARL AVE.</b>	
CITY-ST-ZIP	<b>TAVERNIER FL</b>	
TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>MCCLINTOCK, DOUG</b>	
STREET ADDRESS	<b>135 PEARL AVENUE</b>	
CITY-ST-ZIP	<b>TAVERNIER FL</b>	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
1.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP		
2.1 TITLE	<b>D</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE	<b>D.S</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	<b>ROBERT McPEAK</b>	
5.3 STREET ADDRESS	<b>194 CORAL AVE</b>	
5.4 CITY-ST-ZIP	<b>TAVERNIER, FL 33070</b>	
6.1 TITLE	<b>D</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	<b>JUDE LINDBACK</b>	
6.3 STREET ADDRESS	<b>228 CORAL AVE</b>	
6.4 CITY-ST-ZIP	<b>TAVERNIER, FL 33070</b>	

14. 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 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:

*Joe [Signature]*

4/6/98

305 852-9540

CR2E037 (10/97)