


**2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Jun 02, 2008 8:00 am**  
**Secretary of State**

06-02-2008 90004 021 \*\*\*\*61.25

**DOCUMENT # 745938**

1. Entity Name  
**EDENAIRE HOMEOWNERS AND PARK ASSOCIATION, INC.**



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

Mailing Address  
**P.O. BOX 235  
 TAVERNIER, FL 33070**



2. Principal Place of Business - No P.O. Box #  
 Suite, Apt. #, etc.

3. Mailing Address  
 Suite, Apt. #, etc.

05282008 Chg-NP CR2E037 (12/06)

City & State  
 Zip Country

4. FEI Number  
**65-0098537**

Applied For  
 Not Applicable

5. Certificate of Status Desired  **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

**HERMECZ, ANNIE  
 104 CORAL AVE.  
 TAVERNIER, FL 33070**

7. Name and Address of New Registered Agent

Name **Tiffany Snodgrass**

Street Address (P.O. Box Number is Not Acceptable)  
**112 Coral Ave**

City **Tavernier** FL Zip Code **33070**

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 *Tiffany Snodgrass* DATE **5/30/08**

Signature, typed or printed name of registered agent, and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**Filing Fee is \$61.25  
 Due by September 12, 2008**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

**Make check payable to  
 Florida Department of State**

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DAVIS, LINDA 164 PEARL AVE TAVERNIER, FL 33070 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ELKOURY, JOHN 228 CORAL TAVERNIER, FL 33070 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PAPULIS, TONY 173 PEARL AVENUE TAVERNIER, FL 33070 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D EBERT, KATHY 173 PEARL AVENUE TAVERNIER, FL 33070 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S REDDING, HOLLY 212 PEARL AVE. TAVERNIER, FL 33070 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P SNODGRASS, TIFFANY 112 CORAL AVE. TAVERNIER, FL 33070 <input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P Joe R. Gile 177 Pearl Ave Tavernier, FL 33070 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P Snodgrass, Tiffany 112 Coral Ave Tavernier, FL 33070 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: *Tiffany Snodgrass* *Tiffany Snodgrass* DATE **5/29/08** DAYTIME PHONE # **305-853-5851**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR