

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 745938

FILED  
May 01, 2009  
Secretary of State

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

**Current Principal Place of Business:**

P.O. BOX 235  
TAVERNIER, FL 33070

**New Principal Place of Business:**

CORAL & PEARL AVENUES  
TAVERNIER, FL 33070

**Current Mailing Address:**

P.O. BOX 235  
TAVERNIER, FL 33070

**New Mailing Address:**

**FEI Number:** 65-0098537      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**  
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

**Name and Address of Current Registered Agent:**

SNODGRASS, TIFFANY  
112 CORAL AVE  
TAVERNIER, FL 33070      US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**OFFICERS AND DIRECTORS:**

Title: P      ( ) Delete  
Name: RIFICE, JOE  
Address: 177 PEARL AVE  
City-St-Zip: TAVERNIER, FL 33070

Title: D      ( ) Delete  
Name: ELKOURY, JOHN  
Address: 228 CORAL  
City-St-Zip: TAVERNIER, FL 33070

Title: D      ( ) Delete  
Name: PAPULIS, TONY  
Address: 173 PEARL AVENUE  
City-St-Zip: TAVERNIER, FL 33070

Title: D      ( ) Delete  
Name: EBERT, KATHY  
Address: 173 PEARL AVENUE  
City-St-Zip: TAVERNIER, FL 33070

Title: S      ( ) Delete  
Name: REDDING, HOLLY  
Address: 212 PEARL AVE.  
City-St-Zip: TAVERNIER, FL 33070

Title: T      ( ) Delete  
Name: SNODGRASS, TIFFANY  
Address: 112 CORAL AVE.  
City-St-Zip: TAVERNIER, FL 33070

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: TIFFANY SNODGRASS

T

05/01/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date