

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Mar 09, 1999 8:00 am
Secretary of State

03-09-1999 90033 050 ****61.25

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DOCUMENT # 756980

1. Corporation Name

EDENBRIDGE GARDENS HOMEOWNERS ASSOCIATION, INC.

Principal Place of Business

27128 EDENBRIDGE COURT
BONITA SPRINGS FL 34135

Mailing Address

27128 EDENBRIDGE COURT
BONITA SPRINGS FL 34135



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		03/27/1981	
22 City & State		27 City & State		4. FEI Number	
23 Zip		28 Zip		65-0181807	
Country		Country		Applied For	
24		29		Not Applicable	
25		30		5. Certificate of Status Desired <input type="checkbox"/>	
				\$8.75 Additional Fee Required	
				6. Election Campaign Financing <input type="checkbox"/>	
				\$5.00 May Be Added to Fees	

9. Name and Address of Current Registered Agent

LORD, PAT
27128 EDENBRIDGE COURT
BONITA SPRINGS FL 34135

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	P	1.1 TITLE	P
NAME	DIXON, THOMAS	1.2 NAME	Reddy, Jim
STREET ADDRESS	27161 EDENBRIDGE COURT	1.3 STREET ADDRESS	27133 Edenbridge Ct.
CITY-ST-ZIP	BONITA SPRINGS FL 34145	1.4 CITY-ST-ZIP	Bonita Springs, FL 34135
TITLE	VP	2.1 TITLE	
NAME	BROOKS, KATHY	2.2 NAME	
STREET ADDRESS	27165 EDENBRIDGE COURT	2.3 STREET ADDRESS	
CITY-ST-ZIP	BONITA SPRINGS FL 34135	2.4 CITY-ST-ZIP	
TITLE	S	3.1 TITLE	
NAME	KLINKER, JAYNE	3.2 NAME	
STREET ADDRESS	27144 EDENBRIDGE COURT	3.3 STREET ADDRESS	
CITY-ST-ZIP	BONITA SPRINGS FL 34135	3.4 CITY-ST-ZIP	
TITLE	T	4.1 TITLE	
NAME	PIMENTEL, DOROTHY	4.2 NAME	
STREET ADDRESS	27129 EDENBRIDGE COURT	4.3 STREET ADDRESS	
CITY-ST-ZIP	BONITA SPRINGS FL 34135	4.4 CITY-ST-ZIP	
TITLE	D	5.1 TITLE	
NAME	PUTRICH, JOHN	5.2 NAME	
STREET ADDRESS	27117 EDENBRIDGE COURT	5.3 STREET ADDRESS	
CITY-ST-ZIP	BONITA SPRINGS FL 34135	5.4 CITY-ST-ZIP	
TITLE	D	6.1 TITLE	D
NAME	LESTER, GRACE	6.2 NAME	Robert Kuhny
STREET ADDRESS	27132 EDENBRIDGE COURT	6.3 STREET ADDRESS	27116 Edenbridge Ct.
CITY-ST-ZIP	BONITA SPRINGS FL 34145	6.4 CITY-ST-ZIP	Bonita Springs, FL 34135

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, with all other like empowered.

SIGNATURE: *[Signature]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

January 19, 99 941-947-9400

Date Daytime Phone #

CR2E037 (11/98)