2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

Apr 26, 2004 8:00 am Secretary of State **DOCUMENT # 761138** 1. Entity Name 4-26-2004 90457 011 ****61.25 EDEN ISLE CIVIC ASSOCIATION, INCORPORATED Principal Place of Business Mailing Address 44036548 995 EDEN ISLE DRIVE 995 EDEN ISLE DRIVE SAINT PETERSBURG FL 33704 US SAINT PETERSBURG FL 33704 US 2. Principal Place of Business 3. Mailing Address 1013 Eden Isle DrnE 1073 Eden Isk Dr nE Suite, Apt. #, etc. CR2E037 (11/03) Applied For City & State 4. FEI Number **NO-T APPLICABLE** Pete X Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Karen M. Jelby-CRAVEU, LAURA W Street Address (P.O. Box Number is Not Acceptable) 995 EDEN ISLE DR NE SAINT PETERSBURG FL 33704 1073 Eden Isle Dr nE Zip Code 33704 5. 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. (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing Make Check Payable to FILE NOW: FEE IS \$61.25 \$5.00 May Be Trust Fund Contribution. Florida Department of State Due By May 1, 2004 OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. 11. Addition Change TIT) F Delete TITLE Karenm. Selby 1073 Eden Isle DrnE CRAVEN, LAURA W NAME NAME 995 EDEN ISLE DR NE STREET ADDRESS STREET ADDRESS SAINT PETERSBURG FL 33704 St Pute, FL 33704 Eileen Walsh CITY-ST-ZIP CITY-ST-ZIP TITLE Delete Addition REED, JANET NAME NAME 1101 Eden Isle DrnE St Pete, FL 33704 Lori Hendry 911 EDEN ISLE DR. NE STREET ADDRESS STREET ADDRESS SAINT PETERSBURG FL 33704 CITY-ST-ZIP CITY-ST-ZIP DT TITLE Delete 🚣 TITLE BURKE, JENNIFER NAME NAME DT 1100 Eden Isle D-nE 5+ Pete, 71 33704 1585 EDEN ISLE BLVD NE STREET ADDRESS STREET ADDRESS SAINT PETERSBURG FL 33704 CITY-ST-ZIP CITY-ST-ZIP Delete . TITLE ☐ Change ☐ Addition TITLE HEARN, DONNA NAME NAME 1091 EDEN ISLE DR. NE STREET ADDRESS STREET ADDRESS SAINT PETERSBURG FL 33704 CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CiTY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAMÉ STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP 12. 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 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.

Karen M. Selbu

SIGNATURE:

FILED