


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 04, 2006 8:00 am
Secretary of State

04-04-2006 90047 031 ****61.25

DOCUMENT # 761138	
1. Entity Name EDEN ISLE CIVIC ASSOCIATION, INCORPORATED	

Principal Place of Business 1101 EDEN ISLE DR. NE SAINT PETERSBURG FL 33704 US	Mailing Address 1101 EDEN ISLE DR. NE SAINT PETERSBURG FL 33704 US
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2. Principal Place of Business 1130 EDEN ISLE DRIVE NE Suite, Apt. #, etc.	3. Mailing Address 1130 EDEN ISLE DRIVE NE Suite, Apt. #, etc.
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City & State SAINT PETERSBURG FL	City & State SAINT PETERSBURG FL
Zip 33707	Country USA



1st MOORE CR2E037 (10/05)

4. FEI Number NO-T APPLICABLE	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent WALSH, EILEEN 1101 EDEN ISLE DR. NE SAINT PETERSBURG FL 33704	7. Name and Address of New Registered Agent Name MINNETTI, JEFFERY Street Address (P.O. Box Number is Not Acceptable) 1130 EDEN ISLE DRIVE NE City SAINT PETERSBURG FL Zip Code 33704
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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW: FEE IS \$61.25 Due By May 1, 2006	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	Make Check Payable to Florida Department of State
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP WALSH, EILEEN 1101 EDEN ISLE DR. NE SAINT PETERSBURG FL 33704 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP LAVIGNA, FRANK 992 EDEN ISLE DRIVE NE SAINT PETERSBURG FL 33704 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVP SELBY, KAREN 1073 EDEN ISLE DR NE SAINT PETERSBURG FL 33704 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVP DE ARMENT, HAROLD 947 EDEN ISLE DRIVE NE SAINT PETERSBURG FL 33704 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT HEARN, DONNA 1091 EDEN ISLE DR. NE SAINT PETERSBURG FL 33704 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT MINNETTI, JEFFERY 1130 EDEN ISLE DRIVE NE SAINT PETERSBURG FL 33704 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS HENDRY, LORI 1100 EDEN ISLE DR. NE SAINT PETERSBURG FL 33704 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS CHENEY, DONALD 1296 EDEN ISLE DRIVE NE SAINT PETERSBURG FL 33704 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	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"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input 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 Section 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: *Harold G De Arment* **HAROLD G DE ARMENT** **FEBRUARY 18, 2006** (727) 821-2756