


# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 06, 2006 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # L83276</b>	
1. Entity Name EIDER COURT PROPERTY OWNER'S ASSOCIATION, INC.	

Principal Place of Business 1899 EIDER COURT P O BOX 14389 TALLAHASSEE, FL 32308 US	Mailing Address 1899 EIDER COURT P O BOX 14389 TALLAHASSEE, FL 32317
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01252006 No Chg-P CRZE034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 59-6249738	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent  SARBECK, L. STEPHEN 1899 EIDER COURT TALLAHASSEE, FL 32308
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<b>DO NOT WRITE IN THIS SPACE</b>
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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 \_\_\_\_\_

<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP SARBECK, L. STEPHEN 1899 EIDER COURT TALLAHASSEE, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV HARRIS, JERRY L. 1899 EIDER COURT TALLAHASSEE, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS MAHONEY, JOHN P. 1899 EIDER COURT TALLAHASSEE, FL
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02/16/06 80053-005 150.00

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 607, 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:**  **850-878-5143**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #