

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 19, 2007 08:00 AM
Secretary of State

DOCUMENT # L83276

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**



04032007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-6249738

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**SARBECK, L. STEPHEN
1899 EIDER COURT
TALLAHASSEE, FL 32308**

**DO NOT WRITE
IN THIS SPACE**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	DP
NAME	SARBECK, L. STEPHEN
STREET ADDRESS	1899 EIDER COURT
CITY-ST-ZIP	TALLAHASSEE, FL
TITLE	DV
NAME	HARRIS, JERRY L.
STREET ADDRESS	1899 EIDER COURT
CITY-ST-ZIP	TALLAHASSEE, FL
TITLE	DS
NAME	MAHONEY, JOHN P.
STREET ADDRESS	1899 EIDER COURT
CITY-ST-ZIP	TALLAHASSEE, FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

U00000716845
04/30/07-80024-015 150.00

**DO NOT WRITE
IN THIS SPACE**

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-16-07 850-878-5143

Date

Daytime Phone #