


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 25, 2008 8:00 am
Secretary of State

04-25-2008 90118 025 ****61.25

DOCUMENT # N00000004054					
1. Entity Name GLEN EDEN HOMEOWNERS' ASSOCIATION, INC.					
Principal Place of Business C/O MELDON CONSULTANTS 4949 TAMiami TR N., #201 NAPLES FL 34103-3017			Mailing Address C/O MELDON CONSULTANTS 4949 TAMiami TR N., #201 NAPLES FL 34103-3017		
2. Principal Place of Business - No P.O. Box #			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number 59-3532115	
				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 MOORE, WILLIAM S C/O MELDON CONSULTANTS 4949 TAMiami TR N., #201 NAPLES FL 34103-3017			7. Name and Address of New Registered Agent		
			Name		
			Street Address (P.O. Box Number is Not Acceptable)		
			City		
			FL Zip Code		
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 registering)					
DATE _____					
FILE NOW: FEE IS \$61.25 Due By May 1, 2008		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	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	DS	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	MASSEY, PAT		NAME		
STREET ADDRESS	14668 GLEN EDEN DR		STREET ADDRESS		
CITY-ST-ZIP	NAPLES FL 34110		CITY-ST-ZIP		
TITLE	DT	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	STERN, NORM		NAME		
STREET ADDRESS	14607 GLEN EDEN DR		STREET ADDRESS		
CITY-ST-ZIP	NAPLES FL 34110		CITY-ST-ZIP		
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	BRAND, LOUIS		NAME	Winston, William	
STREET ADDRESS	14558 JUNIPER POINT LANE		STREET ADDRESS	14600 Glen Eden Drive	
CITY-ST-ZIP	NAPLES FL 34110		CITY-ST-ZIP	Naples, FL 34110	
TITLE	DP	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	ROSS, RITA		NAME	Fallon, Maggie	
STREET ADDRESS	14726 GLEN EDEN DRIVE		STREET ADDRESS	14793 Glen Eden Drive	
CITY-ST-ZIP	NAPLES FL 34104		CITY-ST-ZIP	Naples, FL 34110	
TITLE	DVP	<input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	WRIGHT, GRAHAM		NAME	Wright, Graham	
STREET ADDRESS	14688 GLEN EDEN DR.		STREET ADDRESS	14688 Glen Eden Dr.	
CITY-ST-ZIP	NAPLES FL 34110		CITY-ST-ZIP	Naples, FL 34110	
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		

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: Yon S. R... **TREASURER**

4/19/08 (239) 248-7734