2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 27, 2010
Secretary of State

DOCUMENT# N00000004054

Entity Name: GLEN EDEN HOMEOWNERS' ASSOCIATION, INC.

Current Principal Place of Business:

C/O MELDON CONSULTANTS
4949 TAMIAMI TR N., #201
NAPLES, FL 341033017

New Principal Place of Business:

Current Mailing Address:

C/O MELDON CONSULTANTS
4949 TAMIAMI TR N., #201
NAPLES, FL 341033017

New Mailing Address:

FEI Number: 59-3532115 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

MOORE, WILLIAM S
C/O MELDON CONSULTANTS
4949 TAMIAMI TR N., #201
NAPLES, FL 341033017 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: DPT
Name: STERN, NORMAN
Address: 14607 GLEN EDEN DR
City-St-Zip: NAPLES, FL 34110

Title: DVP
Name: TAELMAN, ARTHUR
Address: 14534 SATIN LEAF LANE
City-St-Zip: NAPLES, FL 34110

Title: D
Name: CAREY, PAT
Address: 14611 GLEN EDEN DRIVE
City-St-Zip: NAPLES, FL 34110

Title: DS
Name: ABBETT, PATSY
Address: 14512 SATIN LEAF LN.
City-St-Zip: NAPLES, FL 34110

Title: D
Name: ROSS, MARGARET
Address: 14520 SATIN LEAF LN.
City-St-Zip: NAPLES, FL 34110

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: NORMAN STERN DPT 04/27/2010

Electronic Signature of Signing Officer or Director — Date