


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT


FILED
Feb 08, 2008 08:00 AM
Secretary of State

DOCUMENT # N00000005205
 1. Entity Name
 EDEN ISLES HOMEOWNERS' ASSOCIATION, INC.



Principal Place of Business 8580 EDEN ISLES LANE MERRITT ISLAND, FL 32952	Mailing Address 8580 EDEN ISLES LANE MERRITT ISLAND, FL 32952
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DO NOT WRITE IN THIS SPACE



02062008 No Chg-NP CR2E037 (4/06)

4. FEI Number 51-0548962	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

ALDERMAN, SANDRA
 8582 EDEN ISLES LANE
 MERRITT ISLAND, FL 32952

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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 _____

Filing Fee is \$61.25
Due by May 1, 2008

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

U000000821314
 02/19/08-90019-010 61.25

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	V/D ALDERMAN, SANDRA H 8582 EDEN ISLES LANE MERRITT ISLAND, FL 32952
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P/D CARBONE, DAVID 8580 EDEN ISLES LANE MERRITT ISLAND, FL 32952
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST CARBONE, ANITA 8580 EDEN ISLES LANE MERRITT ISLAND, FL 32952
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ALDERMAN, BART 8582 EDEN ISLES LANE MERRITT ISLAND, FL 32952
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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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 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: David L Carbone Date: 2/7/08
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

(321) 777-5464