

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00583

FILED
Apr 23, 2009
Secretary of State

Entity Name: EDEN CONDOMINIUMS I ASSOCIATION INC.

Current Principal Place of Business:

C/O AMERICAN CONDO MGMT INC
615 CAPE CORAL PKWY W, #103
CAPE CORAL, FL 33914

New Principal Place of Business:

Current Mailing Address:

C/O AMERICAN CONDO MGMT INC
615 CAPE CORAL PKWY W, #103
CAPE CORAL, FL 33914

New Mailing Address:

FEI Number: 59-2438880

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

KASE, SUSAN
C/O AMERICAN CONDO MGMT, INC.
615 CAPE CORAL PKWY W, #103
CAPE CORAL, FL 33914 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: PD () Delete
Name: TORCASI, RANDY
Address: 1317 SE 46TH LANE 205
City-St-Zip: CAPE CORAL, FL 33904

Title: VD () Delete
Name: GUSE, WALLY
Address: 1317 SE 46TH LANE
City-St-Zip: CAPE CORAL, FL 33904

Title: ST () Delete
Name: THIERSMANN, LYDIA
Address: 1317 SE 46TH LANE
City-St-Zip: CAPE CORAL, FL 33904

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: TORCASI, RANDY
Address: 1317 SE 46TH LANE 205
City-St-Zip: CAPE CORAL, FL 33904

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D () Change (X) Addition
Name: YODER, RANDY
Address: 1317 SE 46TH LANE
City-St-Zip: CAPE CORAL, FL 33904

Title: D () Change (X) Addition
Name: WARREN, WAYNE
Address: 1317 SE 46TH LANE
City-St-Zip: CAPE CORAL, FL 33904

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: RANDY TORCASI

PRES

04/23/2009

Electronic Signature of Signing Officer or Director

Date