## 2006 NOT-FOR-PROFIT CORPORATION

## **ANNUAL REPORT**

## DOCUMENT # N02000004361

1. Entity Name
EDEN HARBOR HOMEOWNERS ASSOCIATION, INC.



**FILED** Apr 27, 2006 8:00 am Secretary of State

04-27-2006 90185 048 \*\*\*\*61.25

2. Principal Place of Business  Suite, Apt. #, etc.  Suite, Apt. #, etc.  Suite, Apt. #, etc.  City & State  Street Address of Country  City  FL  Zip Code  City  FL  Zip
City & State  Country  Country  Country  S. Certificate of Status Desired  Fee Required  For Diagnost Street 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  Filling Fee is \$61.25  Due by May 1, 2006  Per State Address (P.O. Box Number is Not Acceptable)  DATE  Filling Fee is \$61.25  Due by May 1, 2006  Filling Fee is \$61.25  Due by May 1, 2006  Fee Required  Fee
Signature   Sign
S. Certificate of Status Desired   Fee Required    6. Name and Address of Current Registered Agent   7. Name and Address of New Registered Agent    Name   Name   Name   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   Signature, typed or pritted name of registered agent and tible if applicable.   (NOTE Registered Agent signature required when releastable)    Filling Fee is \$61.25   9. Election Campaign Financing   \$5.00 May Be Added to Fees    For Po   Due by May 1, 2006   Trust Fund Contribution.   ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10    TITLE   PD   Make check payable to Florida Department of State    Filling Fee is \$61.25   Special Policy   Street Address (P.O. Box Number is Not Acceptable)    Signature required   Fee Required   Trust Fund Contribution   Date   Trust Fund Contribution    For Policy   Trust Fund Contribution   Address (P.O. Box Number is Not Acceptable)    Signature required   Trust Fund Contribution   Date   Trust Fund Contribution   Trust Fund Contribution   Trust Fund Contribution   Trust Fund Contribution   Trust Fund Contributio
PROGRESSIVE COMMUNITY MANAGEMENT, INC.  1801 GLENGARY STREET SARASOTA, FL 34231  City  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  Signature, yped or pritted name of registered agent and this # applicable.  Priling Fee is \$81.25  Due by May 1, 2006  9. Election Campaign Financing Trust Fund Contribution.  Added to Fees  Florida Department of State  10.  OFFICERS AND DIRECTORS  11.  ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10  TITLE NAME BUCHANAN, EDWARD TOS WASHINGTON BLVD SIRRET ADDRESS 707 S WASHINGTON BLVD TITLE NAME TOSCH, JOHN E SIRRET ADDRESS 707 S WASHINGTON BLVD SIRRET ADDRESS 707 S WASHINGTON
PROGRESSIVE COMMUNITY MANAGEMENT, INC.  1801 GLENGARY STREET  SARASOTA, FL 34231  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  Filling Fee is \$61.25  Due by May 1, 2006  Pricers AND DIRECTORS  11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IT ILE  NAME  BUCHANAN, EDWARD  TITLE  PD  ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IT ILE  NAME  BUCHANAN, EDWARD  TOTS WASHINGTON BLVD  STREET ADDRESS  707 S WASHINGTON BLVD  TITLE  VSD  SARASOTA, FL 34236  TITLE  VSD  ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10  TITLE  NAME  TOSCH, JOHN E  TOS
Street Address (P.O. Box Number is Not Acceptable)  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  Signature, typed or private name of registered agent and tible if applicable.  (NOTE Registered Agent algorithm required when retratisting)  DATE  Filling Fee is \$61.25  Due by May 1, 2006  Policien Campaign Financing Trust Fund Contribution.  Added to Fees  Make check paryable to Florida Department of State  10.  OFFICERS AND DIRECTORS  11.  ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10  TITLE BUCHANAN, EDWARD TO SWASHINGTON BLVD STREET ADDRESS TOT'S WASHINGTON BLVD STREET ADDRESS TOT'S WASHING
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  Signature, typed or prised name of registered agent and the # applicable.  [NOTE Registered Agent signature required when reinstating]  DATE  Filling Fee is \$61.25  Due by May 1, 2006  9. Election Campaign Financing Trust Fund Contribution.  10.  OFFICERS AND DIRECTORS  11.  ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10  TITLE NAME BUCHANAN, EDWARD TOS WASHINGTON BLVD SIREF ADDRESS TOT S WASHINGTON BLVD SIREF ADDRESS
8. The above named entity submits this statement for the purpose of changing its 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.  Filling Fee is \$61.25  Due by May 1, 2006  PD  OFFICERS AND DIRECTORS  11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10  TITLE  PD  WAME  BUCHANAN, EDWARD  STREET ADDRESS  TOT'S WASHINGTON BLVD  GITY-ST-ZIP  SARASOTA, FL 34236  TITLE  VSD  ANUS KIE WICZ, EDWARD  GITY-ST-ZIP  SARASOTA, FL 34236  TITLE  VSD  TOSCH, JOHN E  STREET ADDRESS  TOT'S WASHINGTON BLVD  GITY-ST-ZIP  SARASOTA, FL 34236  TITLE  VSD  ANUS KIE WICZ, EDWARD  GITY-ST-ZIP  SARASOTA, FL 34236  TITLE  STREET ADDRESS  TOT'S SARASOTA, FL 34236  TITLE  TOD  Change  Addition  TITLE  VSD  TOSCH, JOHN E  STREET ADDRESS  TOT'S SARASOTA, FL 34236  TITLE  TOD  Change  Addition  TITLE  VSD  TITLE  TOD  Change  Addition  TITLE  TOD  Change  TITLE  TOD  Change  TOT ST-ZIP  SARASOTA, FL 34236
TILE PD STREET ADDRESS TO S WASHINGTON BLVD CITY-ST-ZIP SARASOTA, FL 34236  TILE VSD WASHINGTON BLVD CITY-ST-ZIP SARASOTA, FL 34236  TILE VSD STREET ADDRESS TO S WASHINGTON BLVD CITY-ST-ZIP SARASOTA, FL 34236  TILE VSD STREET ADDRESS TO S WASHINGTON BLVD CITY-ST-ZIP SARASOTA, FL 34236  TILE VSD STREET ADDRESS TO S WASHINGTON BLVD CITY-ST-ZIP SARASOTA, FL 34236  TILE VSD STREET ADDRESS TO S WASHINGTON BLVD CITY-ST-ZIP SARASOTA, FL 34236  TILE VSD STREET ADDRESS TO S WASHINGTON BLVD CITY-ST-ZIP SARASOTA, FL 34236  TILE VSD STREET ADDRESS TO S WASHINGTON BLVD CITY-ST-ZIP SARASOTA, FL 34236  TILE VSD STREET ADDRESS TO S WASHINGTON BLVD CITY-ST-ZIP SARASOTA, FL 34236  TILE VSD STREET ADDRESS TO S WASHINGTON BLVD CITY-ST-ZIP SARASOTA, FL 34236  TILE VSD STREET ADDRESS SO S S S S S S S S S S S S S S S S S
Signature, typed or printed name of registered agent and title if applicable. (NOTE Registered Agent algorature required when reinstating)    Filling Fee is \$61.25   9. Election Campaign Financing Trust Fund Contribution.   \$5.00 May Be Added to Fees   Make check payable to Florida Department of State
Due by May 1, 2006  Trust Fund Contribution.  Added to Fees  Florida Department of State  10.  OFFICERS AND DIRECTORS  11.  ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10  TITLE  PD  Change Change Addition  NAME  STREET ADDRESS 707 S WASHINGTON BLVD  CITY-ST-ZIP SARASOTA, FL 34236  TITLE  VSD  NAME  TOSCH, JOHN E  STREET ADDRESS 707 S WASHINGTON BLVD  CITY-ST-ZIP  SARASOTA, FL 34236  TITLE  TD  Change  Addition  ANUS K IE W I C Z, ED W A R D  Change  CITY-ST-ZIP  SARASOTA, FL 34236  TITLE  TD  Change  Addition  Change  Chang
TITLE PD Delete DUCHANAN, EDWARD  STREET ADDRESS 707 S WASHINGTON BLVD  STREET ADDRESS 707 S WASHINGTON BLVD  STREET ADDRESS 71 EDEN DRIVE  CITY-ST-ZIP SARASOTA, FL 34236  TITLE VSD TOSCH, JOHN E  TOSCH, JOHN E  STREET ADDRESS 707 S WASHINGTON BLVD  STREET ADD
NAME BUCHANAN, EDWARD  STREET ADDRESS 707 S WASHINGTON BLVD  CITY-ST-ZIP SARASOTA, FL 34236  TITLE VSD NAME TOSCH, JOHN E  STREET ADDRESS 707 S WASHINGTON BLVD  STREET ADDRESS 707 S WASHINGTON BLVD  STREET ADDRESS 707 S WASHINGTON BLVD  CITY-ST-ZIP SARASOTA, FL 34236  TITLE TD  Change SARGHINGTON BLVD  CITY-ST-ZIP SARASOTA, FL 34236  TITLE TD  Change SARGHINGTON BLVD  CITY-ST-ZIP SARASOTA, FL 34236  TITLE TD  Change SARGHINGTON TITLE TD  Change TD
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CITY-ST-ZIP SARASOTA, FL 34236  CITY-ST-ZIP ENGLEWOOD FL 34233
CITY-ST-ZIP SARASOTA, FL 34236  CITY-ST-ZIP ENGLEWOOD FL 34233
TILE TD Change Markifilm
TITLE TO Change Addition  NAME ROSA, SALVATORE  STREET ADDRESS 707 S WASHINGTON BLVD  TITLE TO Change Addition  NAME HOVANEC MICHAEL  STREET ADDRESS 779 EDEN DRIVE
STREET ADDRESS 707 S WASHINGTON BLVD STREET ADDRESS 579 EDEN DRIVE
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CITY-ST-ZIP SARASOTA, FL 34236 CITY-ST-ZIP SALA/SLIDAGE CITY-ST-ZIP
CITY-ST-ZIP SARASOTA, FL 34236 CITY-ST-ZIP ENGLEWOOD FL 34223
NAME MARKEL, JIM NAME GRISIM, J. TERRANCE
STREET ADDRESS   1801 GLENGARY STREET
CITY-ST-ZIP SARASOTA, FL 34231 CITY-ST-ZIP ENGLEWOOD, FL 34223
TITLE AT Delete TITLE Change Addition
NAME SUTTON, WILLIAM NAME
STREET ADDRESS   1801 GLENGARY STREET   STREET ADDRESS   CITY-ST-ZIP   SARASOTA, FL 34231   CITY-ST-ZIP
TITLE Delete TITLE Change Addition
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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 Chapter 119, Horida Statutes. I further certify that the information indicated on this report or supplemental report is true and excurate and that my signature shall have the same legal effect as if made under certify that I am an officer or director.

indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as it made under carr; that I am an officer or diffector of the corporation or the receiver or trustee empowered to executive 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 addition, with all other like empowered.

**SIGNATURE:**