


# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 06, 2007 08:00 A**  
**Secretary of State**

<b>DOCUMENT # N04000007030</b>	
1. Entity Name <b>EDEN'S CROSSING OWNERS ASSOCIATION, INC.</b>	

Principal Place of Business <b>5514 SW 92ND WAY GAINESVILLE, FL 32608</b>	Mailing Address <b>5514 SW 92ND WAY GAINESVILLE, FL 32608</b>
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DO NOT WRITE IN THIS SPACE



02192007 No Chg-NP CR2E037 (4/06)

4. FEI Number <b>16-1713248</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

6. Name and Address of Current Registered Agent  <b>MARIS, KEVIN J 5514 SW 92ND WAY GAINESVILLE, FL 32608</b>
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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 \_\_\_\_\_

<b>Filing Fee is \$61.25 Due by May 1, 2007</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP MARIS, KEVIN J 5514 SW 92ND WAY GAINESVILLE, FL 32608
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DST MARIS, JENNIFER L 5514 SW 92ND WAY GAINESVILLE, FL 32608
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MARIS, BARTRAM R 6805 NW 20TH PL GAINESVILLE, FL 32605
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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U000000657417  
03/14/07-80067-018 61.25

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:** Kevin J. Maris **3.05.07**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #