

**2006 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 23, 2006 08:00 AM
Secretary of State

DOCUMENT # N04000011205

1. Entity Name

EDEN'S LANDING HOMEOWNER'S ASSOCIATION, INC.



Principal Place of Business

**129 EDEN GARDENS ROAD
POINT WASHINGTON, FL 32454 US**

Mailing Address

**P.O. BOX 33
POINT WASHINGTON, FL 32454 US**



03152006 No Chg-NP

CR2E037 (11/05)

DO NOT WRITE IN THIS SPACE

**4. FEI Number
NOT APPLICABLE**

**Applied For
Not Applicable**

5. Certificate of Status Desired



**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**PORATH, SHANNON L
56 SPIRES LANE
#16A
SANTA ROSA BEACH, FL 32459**

**DO NOT WRITE
IN THIS SPACE**

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

SHANNON L PORATH

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

03/14/06

DATE

**Filing Fee is \$61.25
Due by May 1, 2006**

**9. Election Campaign Financing
Trust Fund Contribution.**



**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	HORN, PETER M
STREET ADDRESS	P.O. BOX 4646
CITY-ST-ZIP	SANTA ROSA BEACH, FL 32459
TITLE	D
NAME	ROSS, MURRAY R
STREET ADDRESS	202 BONITA DRIVE
CITY-ST-ZIP	BIRMINGHAM, AL 35209
TITLE	D
NAME	ELLIS, UDOLPHUS C
STREET ADDRESS	4227 MONTROSE DRIVE
CITY-ST-ZIP	MEMPHIS, TN 38117
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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04/07/06-00024-003 61.25**

**DO NOT WRITE
IN THIS SPACE**

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:

MURRAY R. ROSS

MURRAY R. ROSS

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

03/14/06

DATE

Daytime Phone if