

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Feb 28, 2007 8:00 am**  
**Secretary of State**

02-28-2007 90016 039 \*\*\*\*61.25

DOCUMENT # N04000011205

1. Entity Name

EDEN'S LANDING HOMEOWNER'S ASSOCIATION, INC.



Principal Place of Business

Mailing Address

129 EDEN GARDENS ROAD  
POINT WASHINGTON FL 32454  
US

P.O. BOX 33  
POINT WASHINGTON FL 32454  
US



2. Principal Place of Business - No P.O. Box #

129 EDEN GARDENS ROAD  
Suite, Apt. #, etc.

3. Mailing Address

P.O. Box 4774  
SEASIDE BRANCH

1st MOORE

CR2E037 (10/06)

City & State

Point Washington, FL

City & State

Santa Rosa Beach, FL

4. FEI Number

NO-T APPLICABLE

Applied For

Not Applicable

Zip

32459

Country

WALTON

Zip

32459

Country

WALTON

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

7. Name and 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

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

(NOTE: Registered Agent signature required when re-registering)

DATE

**FILE NOW: FEE IS \$61.25**  
**Due By May 1, 2007**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

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

**Make Check Payable to**  
**Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE: D ☐ Delete  
NAME: HORN, PETER M  
STREET ADDRESS: P.O. BOX 4646  
CITY- ST- ZIP: SANTA ROSA BEACH FL 32459

TITLE: D ☐ Delete  
NAME: ROSS, MURRAY R  
STREET ADDRESS: 202 BONITA DRIVE  
CITY- ST- ZIP: BIRMINGHAM AL 35209

TITLE: D ☐ Delete  
NAME: ELLIS, UDOLPHUS C  
STREET ADDRESS: 4227 MONTROSE DRIVE  
CITY- ST- ZIP: MEMPHIS TN 38117

TITLE: ☐ Delete  
NAME:  
STREET ADDRESS:  
CITY- ST- ZIP:

TITLE: ☐ Delete  
NAME:  
STREET ADDRESS:  
CITY- ST- ZIP:

TITLE: ☐ Delete  
NAME:  
STREET ADDRESS:  
CITY- ST- ZIP:

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE: ☐ Change ☐ Addition  
NAME:  
STREET ADDRESS:  
CITY- ST- ZIP:

TITLE: ☐ Change ☐ Addition  
NAME:  
STREET ADDRESS:  
CITY- ST- ZIP:

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CITY- ST- ZIP:

TITLE: ☐ Change ☐ Addition  
NAME:  
STREET ADDRESS:  
CITY- ST- ZIP:

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: Udolphus C. Ellis 2/19/07 901-484-4745