

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED
Mar 27, 2007
Secretary of State**

DOCUMENT# N05000004072

Entity Name: EDEN BAY ESTATES HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business:

51 ADAIR LANE
SANTA ROSA BEACH, FL 32459

New Principal Place of Business:

Current Mailing Address:

51 ADAIR LANE
SANTA ROSA BEACH, FL 32459

New Mailing Address:

FEI Number: FEI Number Applied For () FEI Number Not Applicable (X) Certificate of Status Desired ()

Name and Address of Current Registered Agent:

KRAEMER, MARY K
4475 LEGENDARY DRIVE
DESTIN, FL 32541 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: MR () Delete
Name: CHRIST, THOMAS
Address: 3 ADAIR LANE
City-St-Zip: SAANT ROSA BEACH, FL 32459

Title: MR () Delete
Name: BONJEAN, DAVID
Address: 77 ADAIR LANE
City-St-Zip: SANTA ROSA BEACH, FL 32459

Title: MRS. () Delete
Name: MOSELEY, KATHY
Address: 20 ADAIR LN
City-St-Zip: SANTA ROSA BEACH, FL 32459

Title: MR () Delete
Name: HENNINGER, MICHAEL
Address: P. O. BOX 1646
City-St-Zip: SANTA ROSA BEACH, FL 32459

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: MR (X) Change () Addition
Name: CHRIST, THOMAS
Address: 3 ADAIR LANE
City-St-Zip: SANTA ROSA BEACH, FL 32459

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

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

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

I hereby certify that the information supplied with this filing does not qualify for the 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: CHRIST, THOMAS

MR

03/27/2007

Electronic Signature of Signing Officer or Director

_____ Date