FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED

95 APR 24 AM 8:32

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N12434 (9)

1. Corporation Name
EDEN OWNER'S ASSOCIATION, INC.

Principal Place of Business	Mailing Address
16281 PERDIDO KEY DRIVE PENSACOLA FL 32507-9455	16281 PERDIDO KEY DRIVE PENSACOLA FL 32507-9455

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 12/09/1985
3a. Date of Last Report: 04/15/1994
4. FEI Number: 59-2635427 ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ **$68.75** Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☒ Yes ☐ No

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

9. Name and Address of Current Registered Agent

WILLIAMS, GEORGE
16281 PERDIDO DEY DR
STE E305
PENSACOLA FL 32507

10. Name and Address of New Registered Agent

81 Name: DEBORAH M. SEDES
82 Street Address (P.O. Box Number is Not Acceptable): 172 CAMELIA STREET
83
84 City: GULF BREEZE **FL** 85 Zip Code: 32561

11. Pursuant to the provisions of Sections 607.0502 and 607.1506, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE: Deborah M. Sedes, Vice-President — Deborah M. Sedes — DATE: 3/7/95
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	1.1 TITLE	PD	☒ Change ☐ Addition
NAME	BUCKLEY, RICHARD E.	1.2 NAME	ROSS, FRED A., JR.	
STREET ADDRESS	1374 BEACH BLVD	1.3 STREET ADDRESS	499 SOUTH PRESIDENT STREET	
CITY-ST-ZIP	BILOXI MS	1.4 CITY-ST-ZIP	JACKSON, MS 39215-1669	
TITLE	SD	2.1 TITLE		☐ Change ☐ Addition
NAME	JORDAN, T GARY	2.2 NAME		
STREET ADDRESS	16281 PERDIDO KEY DR W1401	2.3 STREET ADDRESS		
CITY-ST-ZIP	PENSACOLA FL	2.4 CITY-ST-ZIP		
TITLE	VD	3.1 TITLE	VD	☒ Change ☐ Addition
NAME	WILLIAMS, GEORGE	3.2 NAME	SYLTE, THOMAS W.	
STREET ADDRESS	16281 PERDIDO KEY DR E305	3.3 STREET ADDRESS	220 W. GARDEN STREET	
CITY-ST-ZIP	PENSACOLA FL	3.4 CITY-ST-ZIP	PENSACOLA, FL 32501	
TITLE	D	4.1 TITLE	D	☒ Change ☐ Addition
NAME	COGGINS, JAMES	4.2 NAME	BUCKLEY, DR RICHARD E	
STREET ADDRESS	4500 OFFICE PARK DR	4.3 STREET ADDRESS	1374 BEACH BOULEVARD	
CITY-ST-ZIP	JACKSON MS	4.4 CITY-ST-ZIP	BILOXI, MS 39530-4705	
TITLE	TD	5.1 TITLE	TD	☒ Change ☐ Addition
NAME	MOORE, JOHN ALLEN	5.2 NAME	MARCHAND, SHARON M.	
STREET ADDRESS	16281 PERDIDO KEY DR W1202	5.3 STREET ADDRESS	16281 PERDIDO KEY DRIVE, UNIT W1301	
CITY-ST-ZIP	PENSACOLA FL	5.4 CITY-ST-ZIP	PENSACOLA, FL 32507	
TITLE	V	6.1 TITLE	V	☒ Change ☐ Addition
NAME	WHALEY, JACK	6.2 NAME	DEBORAH M. SEDES	
STREET ADDRESS	5525 SOUNDSIDE DR	6.3 STREET ADDRESS	172 CAMELIA STREET	
CITY-ST-ZIP	GULF BREEZE FL	6.4 CITY-ST-ZIP	GULF BREEZE, FL 32561	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Sharon Marchand — 4/19/95 — (904) 492-1720
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

Sharon Marchand

M12434

12. (continued) ADDITIONAL OFFICERS AND DIRECTORS

D
HUGHES, DUDLEY
4050 CRANE BOULEVARD
JACKSON, MS 39216