## FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT



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

1996

	1000	The state of the s	i i	UIZ			
DOCU 1. Corporatio	MENT # N124	34 (9)		1 08 2			
EDEN	OWNER'S ASSOCIATION	i. INC.					
Principal Place	e of Business	Mailing Address					
16281 PERDIDO KEY DRIVE 16281 PERDIDO KEY D			' DRIVE				
-	A FL 32507-9455	PENSACOLA FL 325					
				3. Date Incorporated or Qual			
2. Principal Pl	lace of Business	2a. Mailing Address		12/09/1985 4. FEI Number	04/24	Applied For	
21		26		59-2635427	-	Not Applicable	
Suite, Apt.	#, etc.	Suite, Apt. #, etc.	h			5 Additional	
City & State	е.	City & State	City & State		Fee Required		
23		28		6. Election Campaign Financ Trust Fund Contribution			
Zip	Country	Zip	Country	8. This corporation has liabilit	ty for intangible tax under		
24	25 9. Name and Address of Curr	rent Registered Agent	30	Florida Statutes	Yes No		
	3. Hame tire Address of Osti	ient riegisteled Agent	81 Na	me 10. Name and Address of N	iew Registered Agent		
DEBOR	AH M SEDES		<b>82</b> Str	ant Address (D.O. Down N. colonia Not Ass	t-bl-l		
172 CAMEUA ST			02 50	at Address (P.O. Box Number is Not Acceptable) 5820 Cruzat Way			
STE E305					<i>,</i>		
GULF BREEZE FL 32561				у	<b></b> 85 Z	ip Code	
11 Durement	to the gravious of Castians 617 Of	00 and 017 1500 Flacide Otal		Pensacola d corporation submits this statement for the	FL  °° 3	2507	
or register	red agent, or both, in the State of FI	orida. Such change was author	ites, the above-name ized by the corporation	o corporation submits this statement for the on's board of directors. I hereby accept the	ie purpose of changing its appointment as registere	registered office d agent. I am	
SIGNATURE	in, and accept the obligations of, si	<i>V I</i> .					
	Stanature, typed or printed name of registered ag			Sedes, Vice Presid		i	
12. TITLE	PD OFFICERS A	AND DIRECTORS	13.	ADDITIONS/CHANGES TO			
NAME	ROSS, FRED A JR	Dotte	1.2 NAME	•	☐ Change	X Addition	
STREET ADDRESS	499 SOUTH PRESIDENT S	ा	1.3 STREET ADDRE				
CITY-ST-ZIP	JACKSON MS		1.4 CITY - ST - 7IP	39215-1669			
TIFLE	SD	DELETE	2 1 TITLE	SD	K) Change	☐ Addition	
NAME OTRECT ADDRESS	JORDAN, T GARY	N4 404	2.2 NAME	Bell, Walter A	•		
STREET ADDRESS CITY - ST - ZIP	16281 PERDIDO KEY DR V PENSACOLA FL	1 14U I	2.3 STREET ADDRE	913 Government			
THILE	VD	DELETE	2. 4 CITY - ST - ZIP 3 1 TITLE	Mobile Al 3	6604 Change	Addition	
NAME	SYTLE, THOMAS W		3 2 NAME			33.	
STREET ADDRESS	220 W GARDEN ST		3 3 STREET ADDRE	FSS			
CITY-ST-ZIP	PENSACOLA FL	Flactor.	3.4. CITY - ST - ZIP	32501			
TITLE	D BUCKLEY DD DICHADD E	DELETE	4.1 TITLE	D	<b>X</b> Change	☐ Addition	
NAME STREET ADDRESS	BUCKLEY, DR RICHARD E 1374 BEACH BOULEVARD		4. 2 NAME 4.3 STREET ADDRE	Hughes, Dudley			
CITY-ST-ZIP	BILOXI MS		4.4 CITY - ST - ZIP	1 4000 Crane Dive			
TITLE	TO	DELETE	51 THILE	Jackson, Ms 39	<del>9216</del> □ Change	Addition	
NAME	MARCHARD, SHARON M		5.2 NAME			X	
STREET ADDRESS	16281 PERDIDO KEY DRIV	E UNIT W1301	5 3 STREFT ADDRE	ess			
CHTY-ST-ZIP	PENSACOLA FL	Filonorae	5.4 CITY - ST - ZIP	32507	——————————————————————————————————————		
TITLE	V	DELETE	61 TITLE		Change	☐ Addition	

GULF BREEZE FL

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)(k). 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. 5820 Cruzat Way

6.2 NAME

6 3 STREET ADDRESS

SIGNATURE: \_

SEDES, DEBORAH M

172 CAMELIA ST

NAME

STREET ADDRESS

2/20/96 (904) 492-1720

## NONPROFIT CORPORATION ANNUAL REPORT-1996 ATTACHMENT TO DOCUMENT # N12434

EDEN OWNER'S ASSOCIATION, INC. 16281 PERDIDO KEY DRIVE PENSACOLA, FL 32507

## BLOCK 12. (CONTINUED) ADDITIONAL OFFICERS AND DIRECTORS.

TITLE:

D

NAME:

HADLEY, LEON D.

STREET ADDRESS:

16281 PERDIDO KEY DRIVE W1203

CITY-ST-ZIP:

PENSACOLA, FL 32507

TITLE:

D

NAME:

KENNEDY, LYNETTE.

STREET ADDRESS:

1505 EAST BAYOU PARKWAY

CITY-ST-ZIP:

LAFAYETTE, LA 70508

I do herby certify that the information supplied in this attachment is voluntary furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated in this annual report attachment 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: Sharn M. Marchand

DATE: Sharon Marchand

DAYTIME PHONE: 904) 492-1720