

FILE NOW: FILING FEE IS \$61.25

FILED

Feb 13 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N12434** (9)  
1. Corporation Name  
**EDEN OWNER'S ASSOCIATION, INC.**



Principal Place of Business 16281 PERDIDO KEY DRIVE PENSACOLA FL 32507-9455	Mailing Address 16281 PERDIDO KEY DRIVE PENSACOLA FL 32507-9458
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3. Date incorporated or Qualified 12/09/1985	3a. Date of Last Report 04/15/1996
4. FEI Number 59-2635427	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business 21	2a. Mailing Address 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  
**DEBORAH M SEDES  
172 CAMELIA ST  
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)  
**5820 CRUZAT WAY**  
83  
84 City  
**PENSACOLA** FL 85 Zip Code  
**32507**

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	ROSS, FRED A JR	
STREET ADDRESS	499 SOUTH PRESIDENT ST	
CITY-ST-ZIP	JACKSON MS	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	BELL, WALTER A	
STREET ADDRESS	913 GOVERNMENT ST	
CITY-ST-ZIP	MOBILE AL	
TITLE	VD	<input checked="" type="checkbox"/> DELETE
NAME	SYTLE, THOMAS W	
STREET ADDRESS	220 W GARDEN ST	
CITY-ST-ZIP	PENSACOLA FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	HUGHES, DUDLEY	
STREET ADDRESS	4050 CRANE BLVD	
CITY-ST-ZIP	JACKSON MS	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	MARCHARD, SHARON M	
STREET ADDRESS	16281 PERDIDO KEY DRIVE UNIT W1301	
CITY-ST-ZIP	PENSACOLA FL	
TITLE	V	<input type="checkbox"/> DELETE
NAME	SEDES, DEBORAH M	
STREET ADDRESS	5820 CRUZAT WAY	
CITY-ST-ZIP	PENSACOLA FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	39215-1669
2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	36604
3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	VD KENNEDY, LYNETTE
3.3 STREET ADDRESS	1505 EAST BAYOU PARKWAY
3.4 CITY-ST-ZIP	LAFAYETTE, LA 70508
4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	D HADLEY, LEON D
4.3 STREET ADDRESS	2615 E. SOUTH BLVD
4.4 CITY-ST-ZIP	MONTGOMERY, AL 36116
5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	32507
6.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	32507

14. I do hereby certify that the information supplied with this filing 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: \_\_\_\_\_ (904) 492-3336  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
Daytime Phone # 0073014

CFR2E037 (9/96)