

**FILE NOW: FILING FEE IS \$61.25**

**FILED**

**Jan 30 1998 8:00am  
Secretary of State**

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> 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 <b>16281 PERDIDO KEY DRIVE PENSACOLA FL 32507-9455</b>	Mailing Address <b>16281 PERDIDO KEY DRIVE PENSACOLA FL 32507-9455</b>
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3. Date Incorporated or Qualified  
**12/09/1985**

4. FEI Number  
**59-2635427**

Applied For  
 Not Applicable

2. Principal Place of Business 21. Suite, Apt. #, etc. 22. City & State 23. Zip Country	2a. Mailing Address 26. Suite, Apt. #, etc. 27. City & State 28. Zip Country
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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. Is this nonprofit corporation a homeowners association?  
 Yes  No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.  
 Yes  No

9. Name and Address of Current Registered Agent

**DEBORAH M SEDES  
5820 CRUZAT WAY  
STE E305  
PENSACOLA FL 32507**

10. Name and Address of New Registered Agent

81. Name  
82. Street Address (P.O. Box Number is Not Acceptable)  
**6200 DON CARLOS DR**  
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 \_\_\_\_\_ DATE \_\_\_\_\_  
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 <b>PD</b>	<input checked="" type="checkbox"/> DELETE	1.1 TITLE <b>VD</b>
NAME <b>ROSS, FRED A JR</b>		1.2 NAME <b>KRATZER, JAMES W</b>
STREET ADDRESS <b>499 SOUTH PRESIDENT ST</b>		1.3 STREET ADDRESS <b>12 GRAND CYPRESS COURT</b>
CITY-ST-ZIP <b>JACKSON MS</b>		1.4 CITY-ST-ZIP <b>NEW ORLEANS, LA 70131</b>
TITLE <b>SD</b>	<input type="checkbox"/> DELETE	2.1 TITLE <b>PD</b>
NAME <b>BELL, WALTER A</b>		2.2 NAME <b>PD</b>
STREET ADDRESS <b>913 GOVERNMENT ST</b>		2.3 STREET ADDRESS <b>36604</b>
CITY-ST-ZIP <b>MOBILE AL</b>		2.4 CITY-ST-ZIP <b>36604</b>
TITLE <b>VD</b>	<input checked="" type="checkbox"/> DELETE	3.1 TITLE <b>SD</b>
NAME <b>KENNEDY, LYNETTE</b>		3.2 NAME <b>TYSON, NAIDA A</b>
STREET ADDRESS <b>1505 EAST PARKWAY</b>		3.3 STREET ADDRESS <b>675 N. LIVINGSTON RD RT 3</b>
CITY-ST-ZIP <b>LAFAYETTE LA</b>		3.4 CITY-ST-ZIP <b>JACKSON, MS 39213</b>
TITLE <b>D</b>	<input type="checkbox"/> DELETE	4.1 TITLE <b>5950 CARL MICHAEL PLACE</b>
NAME <b>HADLEY, LEON D.</b>		4.2 NAME <b>MONTGOMERY, AL 36117</b>
STREET ADDRESS <b>2815 E SOUTH BLVD</b>		4.3 STREET ADDRESS <b>32507</b>
CITY-ST-ZIP <b>MONTGOMERY AL</b>		4.4 CITY-ST-ZIP <b>32507</b>
TITLE <b>TD</b>	<input type="checkbox"/> DELETE	5.1 TITLE <b>32507</b>
NAME <b>MARCHARD, SHARON M</b>		5.2 NAME <b>32507</b>
STREET ADDRESS <b>16281 PERDIDO KEY DRIVE UNIT W1301</b>		5.3 STREET ADDRESS <b>32507</b>
CITY-ST-ZIP <b>PENSACOLA FL</b>		5.4 CITY-ST-ZIP <b>32507</b>
TITLE <b>V</b>	<input type="checkbox"/> DELETE	6.1 TITLE <b>32507</b>
NAME <b>SEDES, DEBORAH M</b>		6.2 NAME <b>32507</b>
STREET ADDRESS <b>5820 CRUZAT WAY</b>		6.3 STREET ADDRESS <b>6200 DON CARLOS DR.</b>
CITY-ST-ZIP <b>PENSACOLA FL</b>		6.4 CITY-ST-ZIP <b>PENSACOLA, FL 32507</b>

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE <b>VD</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME <b>KRATZER, JAMES W</b>	
1.3 STREET ADDRESS <b>12 GRAND CYPRESS COURT</b>	
1.4 CITY-ST-ZIP <b>NEW ORLEANS, LA 70131</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.1 TITLE <b>PD</b>	
2.2 NAME <b>PD</b>	
2.3 STREET ADDRESS <b>36604</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.4 CITY-ST-ZIP <b>36604</b>	
3.1 TITLE <b>SD</b>	
3.2 NAME <b>TYSON, NAIDA A</b>	
3.3 STREET ADDRESS <b>675 N. LIVINGSTON RD RT 3</b>	
3.4 CITY-ST-ZIP <b>JACKSON, MS 39213</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.1 TITLE <b>5950 CARL MICHAEL PLACE</b>	
4.2 NAME <b>MONTGOMERY, AL 36117</b>	
4.3 STREET ADDRESS <b>32507</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.4 CITY-ST-ZIP <b>32507</b>	
5.1 TITLE <b>32507</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME <b>32507</b>	
5.3 STREET ADDRESS <b>32507</b>	
5.4 CITY-ST-ZIP <b>32507</b>	
6.1 TITLE <b>32507</b>	
6.2 NAME <b>32507</b>	
6.3 STREET ADDRESS <b>6200 DON CARLOS DR.</b>	
6.4 CITY-ST-ZIP <b>PENSACOLA, FL 32507</b>	

14. I 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:** *Deborah M. Sedes* **DEBORAH M. SEDES** 01/07/98 (850) 492-3336

CR2E037 (10/97)