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03-05-1999 90120 030 ****61.25

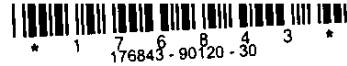
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NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N12434

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 32507-9455
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2. Principal Place of Business 21	2a. Mailing Address 26	3. Date Incorporated or Qualified 12/09/1985
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 59-2635427
City & State 23	City & State 28	Applied For Not Applicable
Zip 24	Country 25	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

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
DEBORAH M SEDES 6200 DON CARLOS DR PENSACOLA FL 32507		81 Name	DEBORAH M WATERS
		82 Street Address (P.O. Box Number is Not Acceptable)	
		83	
		84 City	FL

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	VD <input type="checkbox"/> DELETE	1.1 TITLE	TD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KRATZER, JAMES W	1.2 NAME	
STREET ADDRESS	12 GRAND CYPRESS CT	1.3 STREET ADDRESS	
CITY-ST-ZIP	NEW ORLEANS LA 70131	1.4 CITY-ST-ZIP	
TITLE	PD <input checked="" type="checkbox"/> DELETE	2.1 TITLE	PD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BELL, WALTER A	2.2 NAME	ROSS, FRED A
STREET ADDRESS	913 GOVERNMENT ST	2.3 STREET ADDRESS	499 S PRESIDENT ST STE 200
CITY-ST-ZIP	MOBILE AL 36604	2.4 CITY-ST-ZIP	JACKSON MS 39225
TITLE	SD <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TYSON, NAIDA A	3.2 NAME	
STREET ADDRESS	675 N LIVINGSTON RD RT 3	3.3 STREET ADDRESS	
CITY-ST-ZIP	JACKSON MS 39213	3.4 CITY-ST-ZIP	
TITLE	D <input checked="" type="checkbox"/> DELETE	4.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	HADLEY, LEON D.	4.2 NAME	BLACKBURN, BRYAN M II
STREET ADDRESS	5950 CARL MICHAEL PL	4.3 STREET ADDRESS	2607 EAST GLENN AVENUE
CITY-ST-ZIP	MONTEGOMERY AL 36117	4.4 CITY-ST-ZIP	AUBURN AL 36830
TITLE	TD <input checked="" type="checkbox"/> DELETE	5.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MARCHARD, SHARON M	5.2 NAME	CASANO, PETER J
STREET ADDRESS	16281 PERDIDO KEY DRIVE UNIT W1301	5.3 STREET ADDRESS	7511 TURNBERRY DR
CITY-ST-ZIP	PENSACOLA FL 32507	5.4 CITY-ST-ZIP	DIAMONDHEAD MS 39525
TITLE	V <input type="checkbox"/> DELETE	6.1 TITLE	VMD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SEDES, DEBORAH M	6.2 NAME	WATERS, DEBORAH M
STREET ADDRESS	6200 DON CARLOS DR	6.3 STREET ADDRESS	
CITY-ST-ZIP	PENSACOLA FL 32507	6.4 CITY-ST-ZIP	

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, with all other like empowered.

SIGNATURE: Deborah M Waters DEBORAH M WATERS 02/04/99 (850) 492-3336
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (11/98)

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N12434



EDEN OWNER'S ASSOCIATION, INC

FEI # 59-2635427

Addition

D
MOORE, JOHN A
16281 PERDIDO KEY DR W1202
PENSACOLA FL 32507

Addition

D
WILLIAMS, GEORGE
16281 PERDIDO KEY DR E305
PENSACOLA FL 32507

