

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 22, 2000 8:00 am
Secretary of State

01-22-2000 90066 044 ****61.25

DOCUMENT # N12434

1. Entity 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

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-2635427

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

WATERS, DEBORAH M
6200 DON CARLOS DR
PENSACOLA FL 32507

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **TD** Delete
 NAME **KRATZER, JAMES W**
 STREET ADDRESS **12 GRAND CYPRESS CT**
 CITY-ST-ZIP **NEW ORLEANS LA 70131**

TITLE **T** Change Addition
 NAME **CLIFTON, VIRGINIA**
 STREET ADDRESS **16281 PERDIDO KEY DRIVE E205**
 CITY-ST-ZIP **PENSACOLA, FL 32507**

TITLE **PD** Delete
 NAME **ROSS, FRED A**
 STREET ADDRESS **499 S PRESIDENT ST STE 200**
 CITY-ST-ZIP **JACKSON MS 39225**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **SD** Delete
 NAME **TYSON, NAIDA A**
 STREET ADDRESS **675 N LIVINGSTON RD RT 3**
 CITY-ST-ZIP **JACKSON MS 39213**

TITLE **D** Change Addition
 NAME **ALLAN, GENE**
 STREET ADDRESS **3029 WESTMORELAND DRIVE**
 CITY-ST-ZIP **BIRMINGHAM AL 35223**

TITLE **D** Delete
 NAME **BLACKBURN, BRYAN M II**
 STREET ADDRESS **2607 EAST GLENN AVE**
 CITY-ST-ZIP **AUBURN AL 36830**

TITLE **S** Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **D** Delete
 NAME **CASANO, PETER J**
 STREET ADDRESS **7511 TURNBERRY DR**
 CITY-ST-ZIP **DIAMONHEAD MS 39525**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **VMD** Delete
 NAME **WATERS, DEBORAH M**
 STREET ADDRESS **6200 DON CARLOS DR**
 CITY-ST-ZIP **PENSACOLA FL 32507**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: DEBORAH M WATERS **DEBORAH M WATERS** 01/06/00 (850)492-3336

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #