

**2001 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Jan 22, 2001 8:00 am**  
**Secretary of State**

0017597

**DOCUMENT # N12434**

1. Entity Name

**EDEN OWNER'S ASSOCIATION, INC.**

01-22-2001 90151 041 \*\*\*\*61.25

Principal Place of Business      Mailing Address  
 16281 PERDIDO KEY DRIVE      16281 PERDIDO KEY DRIVE  
 PENSACOLA FL 32507-9455      PENSACOLA FL 32507-9455

ADDU7710



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address		4. FEI Number <b>59-2635427</b>	Applied For
Suite, Apt. #, etc.		Suite, Apt. #, etc.			Not Applicable
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
Zip	Country	Zip	Country		

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				
			WELCH, JUTTA M			Street Address (P.O. Box Number is Not Acceptable)	
			706 CESSNA ROAD			City	
			PENSACOLA			FL	Zip Code 32506

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 *Jutta M Welch*      01/05/2001  
Signature, typed or printed name of registered agent and title if applicable.      (NOTE: Registered Agent signature required when reinstating)      DATE

<p><b>FILE NOW:</b>  <b>FEE IS \$61.25</b></p>	<p>9. Election Campaign Financing                  Trust Fund Contribution. <input type="checkbox"/></p>	<p><b>\$5.00</b> May Be                  Added to Fees</p>	<p><b>Make Check Payable to</b>  <b>Department of State</b></p>
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
T CLIFTON, VIRGINIA 16281 PERDIDO KEY DR E205 PENSACOLA FL 32507	<input type="checkbox"/> Delete	SD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
PD ROSS, FRED A 499 S PRESIDENT ST STE 200 JACKSON MS 39225	<input checked="" type="checkbox"/> Delete	TD DALEY, CHARLES D 16281 PERDIDO KEY DRIVE W301 PENSACOLA FL 32507	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
D ALLAN, GENE 3029 WESTMORELAND DR BIRMINGHAM AL 35223	<input type="checkbox"/> Delete	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
S BLACKBURN, BRYAN M II 2607 EAST GLENN AVE AUBURN AL 36830	<input checked="" type="checkbox"/> Delete	D ALLEN, NIGEL E 1641 BEACHSIDE DRIVE PENSACOLA FL 32506	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
D CASANO, PETER J 7511 TURNBERRY DR DIAMONHEAD MS 39525	<input type="checkbox"/> Delete	VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
VMD WATERS, DEBORAH M 6200 DON CARLOS DR PENSACOLA FL 32507	<input checked="" type="checkbox"/> Delete	M WELCH, JUTTA M 706 CESSNA ROAD PENSACOLA FL 32506	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition

CR2E037 (10/00)

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: *Jutta M Welch*      01/05/2001  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #