

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 25, 2002 8:00 am**  
**Secretary of State**

01-25-2002 90013 025 \*\*\*\*61.25

**DOCUMENT # N12434**

1. Entity Name

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

Principal Place of Business

Mailing Address

16281 PERDIDO KEY DRIVE  
 PENSACOLA FL 32507-9455

16281 PERDIDO KEY DRIVE  
 PENSACOLA FL 32507-9455

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**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**WRICH, JULIA M**  
**706 CESSNA ROAD**  
**PENSACOLA FL 32506**

Name

**WELCH, JUTIA M**

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	<b>T</b>	<input type="checkbox"/> Delete
NAME	<b>CLIFTON, VIRGINIA</b>	
STREET ADDRESS	<b>16281 PERDIDO KEY DR E205</b>	
CITY-ST-ZIP	<b>PENSACOLA FL 32507</b>	
TITLE	<b>PD</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>ROSS, FRED A</b>	
STREET ADDRESS	<b>499 S PRESIDENT ST STE 200</b>	
CITY-ST-ZIP	<b>JACKSON MS 39225</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>ALLAN, GENE</b>	
STREET ADDRESS	<b>3029 WESTMORELAND DR</b>	
CITY-ST-ZIP	<b>BIRMINGHAM AL 35223</b>	
TITLE	<b>S</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>BLACKBURN, BRYAN M II</b>	
STREET ADDRESS	<b>2607 EAST GLENN AVE</b>	
CITY-ST-ZIP	<b>AUBURN AL 36830</b>	
TITLE	<b>D</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>CASANO, PETER J</b>	
STREET ADDRESS	<b>7511 TURNBERRY DR</b>	
CITY-ST-ZIP	<b>DIAMONHEAD MS 39525</b>	
TITLE	<b>VMD</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>WATERS, DEBORAH M</b>	
STREET ADDRESS	<b>6200 DON CARLOS DR</b>	
CITY-ST-ZIP	<b>PENSACOLA FL 32507</b>	

TITLE	<b>S / D</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	<b>P / D</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	<b>T / D</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>DALEY, CHARLES D</b>	
STREET ADDRESS	<b>16281 PERDIDO KEY DRIVE W301</b>	
CITY-ST-ZIP	<b>PENSACOLA FL 32507</b>	
TITLE	<b>v / D</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>ALLEN, NIGEL E</b>	
STREET ADDRESS	<b>16268 NORTH SHORE DRIVE</b>	
CITY-ST-ZIP	<b>PENSACOLA FL 32507</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>VICK, HENRY</b>	
STREET ADDRESS	<b>4695 TRINITY COURT</b>	
CITY-ST-ZIP	<b>MARIETTA, GA 30068</b>	

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

*Signature Required*  
**Clifton**

**01/18/02**

CR2E037 (9/01)