
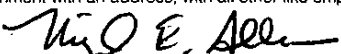


**FILED**  
**Feb 24, 2005 8:00 am**  
**Secretary of State**

02-24-2005 90040 036 \*\*\*\*61 25

<b>DOCUMENT # N12434</b> 1. Entity Name <b>EDEN OWNER'S ASSOCIATION, INC.</b>				 02-24-2005 90040 036 ****61.25	
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>	
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number <b>59-2635427</b>	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent <b>WELCH, JUTTA M 355 PALM LAKE DRIVE PENSACOLA, FL 32507</b>				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> 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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
<b>Filing Fee is \$61.25 Due by May 1, 2005</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		<b>Make check payable to Florida Department of State</b>	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	D	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GOLDENBERG, RICHARD		NAME		
STREET ADDRESS	4 RICHMOND PLACE		STREET ADDRESS		
CITY-ST-ZIP	NEW ORLEANS, LA 70015		CITY-ST-ZIP		
TITLE	SD	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FUSCO, ANTHONY		NAME		
STREET ADDRESS	125 RIVER ROAD		STREET ADDRESS		
CITY-ST-ZIP	WEST NEWBURY, MA 01985		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	AGA, HOSHI		NAME		
STREET ADDRESS	3839 RIVER VIEW DRIVE		STREET ADDRESS		
CITY-ST-ZIP	BIRMINGHAM, AL 35243		CITY-ST-ZIP		
TITLE	PD	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ALLEN, NIGEL E		NAME		
STREET ADDRESS	16268 NORTH SHORE DRIVE		STREET ADDRESS		
CITY-ST-ZIP	PENSACOLA, FL 32507		CITY-ST-ZIP		
TITLE	TD	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	VICK, HENRY		NAME		
STREET ADDRESS	4695 TRINITY COURT		STREET ADDRESS		
CITY-ST-ZIP	MARIETTA, GA 30068		CITY-ST-ZIP		
TITLE	SM	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HOFFMAN, CHARLES D		NAME		
STREET ADDRESS	4018 INDIGO DRIVE		STREET ADDRESS		
CITY-ST-ZIP	PENSACOLA, FL 32507		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: 					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					
Date _____ Daytime Phone # _____					