


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 10, 2006 8:00 am
Secretary of State

04-10-2006 90291 001 ****61.25

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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 32507-9455		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country	Zip		Country
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
WELCH, JUTTA M 355 PALM LAKE DRIVE 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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE <i>Jutta M Welch</i>		Jutta M. Welch General Manager		01/12/06	
Signature, typed or printed name of registered agent and title if applicable.		(NOTE: Registered Agent signature required when reinstating)		DATE	
Filing Fee is \$61.25 Due by May 1, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
				Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	GOLDENBERG, RICHARD		NAME	Smith, Maurice	
STREET ADDRESS	4 RICHMOND PLACE		STREET ADDRESS	8584 Frontage Road NW	
CITY-ST-ZIP	NEW ORLEANS, LA 70015		CITY-ST-ZIP	Cleveland TN 37312	
TITLE	SD	<input type="checkbox"/> Delete	TITLE	VD	<input checked="" 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 exemptions contained in Chapter 119, 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: <i>My O.E. Allen</i>		01/14/06		(850)492-3336	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date		Daytime Phone #	