


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 03, 2008 8:00 am
Secretary of State

03-03-2008 90196 015 ****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 32507-9455



2. Principal Place of Business - No P.O. Box #
 Suite, Apt. #, etc.
 City & State
 Zip Country

3. Mailing Address
 Suite, Apt. #, etc.
 City & State
 Zip Country

01042008 Chg-NP CR2E037 (12/06)

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

WELCH, JUTTA M
355 PALM LAKE DRIVE
PENSACOLA, FL 32507

7. Name and Address of New Registered Agent

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is \$61.25
Due by May 1, 2008

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> Delete
NAME	SMITH, MAURICE	
STREET ADDRESS	8584 FRONTAGE ROAD NW	
CITY-ST-ZIP	CLEVELAND, TN 37312	
TITLE	SD	<input type="checkbox"/> Delete
NAME	FUSCO, ANTHONY	
STREET ADDRESS	125 RIVER ROAD	
CITY-ST-ZIP	WEST NEWBURY, MA 01985	
TITLE	VD	<input type="checkbox"/> Delete
NAME	AGA, HOSHI	
STREET ADDRESS	3839 RIVER VIEW DRIVE	
CITY-ST-ZIP	BIRMINGHAM, AL 35243	
TITLE	TD	<input type="checkbox"/> Delete
NAME	ENGWALL, WYATT	
STREET ADDRESS	21 PACES W. DR NW	
CITY-ST-ZIP	ATLANTA, GA 30327	
TITLE	D	<input type="checkbox"/> Delete
NAME	LABICHER, WAYNE	
STREET ADDRESS	117 EMILE VERRET	
CITY-ST-ZIP	NEW IBERIA, LA 70560	
TITLE	SM	<input type="checkbox"/> Delete
NAME	HOFFMAN, CHARLES D	
STREET ADDRESS	4018 INDIGO DRIVE	
CITY-ST-ZIP	PENSACOLA, FL 32507	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	VD	<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	PO	<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		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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: Hoshi R. Aga HOSHI R. AGA 1/11/2008
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #