


# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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

03-03-2008 90196 015 \*\*\*\*61.25

<b>DOCUMENT # N12434</b> 1. Entity Name <b>EDEN OWNER'S ASSOCIATION, INC.</b>					
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 #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number <b>59-2635427</b>	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For <input type="checkbox"/> Not Applicable	
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 <div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div>	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>Filing Fee is \$61.25</b> <b>Due by May 1, 2008</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be</b> <b>Added to Fees</b>	
Make check payable to <b>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	V D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SMITH, MAURICE		NAME		
STREET ADDRESS	8584 FRONTAGE ROAD NW		STREET ADDRESS		
CITY-ST-ZIP	CLEVELAND, TN 37312		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	VD	<input type="checkbox"/> Delete	TITLE	P D	<input checked="" 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	TD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	ENGWALL, WYATT		NAME		
STREET ADDRESS	21 PACES W. DR NW		STREET ADDRESS		
CITY-ST-ZIP	ATLANTA, GA 30327		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	LABICHER, WAYNE		NAME		
STREET ADDRESS	117 EMILE VERRET		STREET ADDRESS		
CITY-ST-ZIP	NEW IBERIA, LA 70560		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.					
<b>SIGNATURE:</b> <u>Hoshi R. Aga</u> <u>HOSHI R. AGA</u> <u>1/11/2008</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					