


**2003 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Mar 17, 2003 8:00 am
Secretary of State

03-17-2003 91052 003 ****61.25

DOCUMENT # N12434
1. Entity Name
EDEN OWNER'S ASSOCIATION, INC.



Principal Place of Business Mailing Address
16281 PERDIDO KEY DRIVE **16281 PERDIDO KEY DRIVE**
PENSACOLA FL 32507-9455 **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**

CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent
WELCH, JUTTA M
706 CESSNA ROAD
PENSACOLA FL 32506

7. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
355 PALM LAKE DRIVE
City State Zip Code
PENSACOLA FL 32507

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.
Jutta M Welch
SIGNATURE DATE **1/20/2003**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW: FEE IS \$61.25

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	SD	<input checked="" type="checkbox"/> Delete
NAME	CLIFTON, VIRGINIA	
STREET ADDRESS	16281 PERDIDO KEY DR E205	
CITY-ST-ZIP	PENSACOLA FL 32507	
TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	ALLAN, GENE	
STREET ADDRESS	3029 WESTMORELAND DR	
CITY-ST-ZIP	BIRMINGHAM AL 35223	
TITLE	TD	<input checked="" type="checkbox"/> Delete
NAME	DALEY, CHARLES D	
STREET ADDRESS	16281 PERDIDO KEY DRIVE W301	
CITY-ST-ZIP	PENSACOLA FL 32507	
TITLE	VD	<input type="checkbox"/> Delete
NAME	ALLEN, NIGEL E	
STREET ADDRESS	16268 NORTH SHORE DRIVE	
CITY-ST-ZIP	PENSACOLA FL 32507	
TITLE	D	<input type="checkbox"/> Delete
NAME	VCK, HENRY	
STREET ADDRESS	4695 TRINITY COURT	
CITY-ST-ZIP	MARIETTA GA 30068	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	VD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	COOK, P.C.	
STREET ADDRESS	921 GLENWOOD ST	
CITY-ST-ZIP	PICAYUNE MS 39466	
TITLE	SD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	FUSCO, ANTHONY	
STREET ADDRESS	125 RIVER ROAD	
CITY-ST-ZIP	WEST NEWBURY MA 01985	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	AGA, HOSHI	
STREET ADDRESS	3839 RIVER VIEW DRIVE	
CITY-ST-ZIP	BIRMINGHAM AL 35243	
TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	TD	<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		

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: *Jutta M Welch* DATE: **1/20/2003**

CR2E037 (10/02)