

FILE NOW: FILING FEE IS \$61.25

FILED

May 23 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Motham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N18122** (4)

1. Corporation Name

EDEN EAST HOMEOWNERS ASSOCIATION, INC.

Principal Place of Business

Mailing Address

4808 EDEN VIEW CT.
P.O. BOX 608354
ORLANDO FL 32860-5354

4808 EDEN VIEW CT.
P.O. BOX 608354
ORLANDO FL 32860-8354



3. Date Incorporated or Qualified **12/08/1986** 3a. Date of Last Report **04/03/1996**

2. Principal Place of Business		2a. Mailing Address		4. FEI Number 59-2776543		Applied For <input type="checkbox"/> Not Applicable	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		5. Certificate of Status Desired <input checked="" type="checkbox"/>		\$8.75 Additional Fee Required	
22 City & State		27 City & State		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
23 Zip		28 Zip		6. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No			
24 Country		29 Country					

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

MADDOX, LAURA
4848 EDEN VIEW COURT
ORLANDO FL 32810

81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	FL
85 Zip Code	

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	P	<input type="checkbox"/> DELETE		1.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	NEE, JOHN			1.2 NAME			
STREET ADDRESS	4942 EDEN VIEW CT			1.3 STREET ADDRESS			
CITY - ST - ZIP	ORLANDO FL			1.4 CITY - ST - ZIP			
TITLE	T	<input type="checkbox"/> DELETE		2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	MADDOX, LAURA			2.2 NAME			
STREET ADDRESS	4848 EDEN VIEW COURT			2.3 STREET ADDRESS			
CITY - ST - ZIP	ORLANDO FL			2.4 CITY - ST - ZIP			
TITLE	D	<input type="checkbox"/> DELETE		3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	ALVAREZ, CAROL			3.2 NAME			
STREET ADDRESS	8008 EDEN PARK RD			3.3 STREET ADDRESS			
CITY - ST - ZIP	ORLANDO FL			3.4 CITY - ST - ZIP			
TITLE	D	<input checked="" type="checkbox"/> DELETE		4.1 TITLE	Leo Corbin	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	DOODY, DAN			4.2 NAME	4841 Eden View Ct		
STREET ADDRESS	4808 EDEN VIEW CT.			4.3 STREET ADDRESS	Orlando, FL 32810		Director
CITY - ST - ZIP	ORLANDO FL			4.4 CITY - ST - ZIP			
TITLE	D	<input checked="" type="checkbox"/> DELETE		5.1 TITLE	Jay Rutledge	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	MADDOX, RICHARD A.			5.2 NAME	4841 Eden View Ct		
STREET ADDRESS	4848 EDEN VIEW COURT			5.3 STREET ADDRESS	Orlando, FL 32810		Director
CITY - ST - ZIP	ORLANDO FL			5.4 CITY - ST - ZIP			
TITLE	S	<input type="checkbox"/> DELETE		6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	DOODY, CINDY			6.2 NAME			
STREET ADDRESS	4808 EDEN VIEW CT.			6.3 STREET ADDRESS			
CITY - ST - ZIP	ORLANDO FL			6.4 CITY - ST - ZIP			

14. I do 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Laura J. Maddox
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/11/97

407-345-3831

CP2E037 (9/96)