

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Apr 23, 1999 8:00 am
Secretary of State

04-23-1999 90152 041 ****70.00

DOCUMENT # N18122

1. Corporation Name

EDEN EAST HOMEOWNERS ASSOCIATION, INC.

Principal Place of Business

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

Mailing Address

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



2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip

Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

3. Date Incorporated or Qualified

12/08/1986

4. FEI Number

59-2776543

Applied For

Not Applicable

5. Certificate of Status Desired



\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution



\$5.00 May Be
Added to Fees

9. Name and Address of Current Registered Agent

MADDOX, LAURA
4848 EDEN VIEW COURT
ORLANDO FL 32810

10. Name and Address of New Registered Agent

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

TITLE P
NAME NEE, JOHN
STREET ADDRESS 4942 EDEN VIEW CT
CITY-ST-ZIP ORLANDO FL

☐ DELETE

TITLE T
NAME MADDOX, LAURA
STREET ADDRESS 4848 EDEN VIEW COURT
CITY-ST-ZIP ORLANDO FL

☐ DELETE

TITLE D
NAME ALVAREZ, CAROL
STREET ADDRESS 8008 EDEN PARK RD
CITY-ST-ZIP ORLANDO FL

☐ DELETE

TITLE D
NAME CORBIN, LEO
STREET ADDRESS 4841 EDEN VIEW CT
CITY-ST-ZIP ORLANDO FL

☐ DELETE

TITLE D
NAME RUTLEDGE, JAY
STREET ADDRESS 4884 EDEN VIEW CT.
CITY-ST-ZIP ORLANDO FL

☐ DELETE

TITLE S
NAME DOODY, CINDY
STREET ADDRESS 4808 EDEN VIEW CT.
CITY-ST-ZIP ORLANDO FL

☒ DELETE

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☒ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

S
Jerry Johnson
4849 Eden View Ct
Orlando, FL 32810

14. 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 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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/22/99

407-345-3831

CR2E037 (11/98)