NONPROFIT CORPORATION

ANNUAL REPORT

1999



**FILE NOW: FILING FEE IS \$61.25** 

FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

## **DOCUMENT # N18122**

Corporation Name

## EDEN EAST HOMEOWNERS ASSOCIATION, INC.

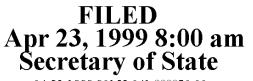
Principal Place of Business					
4808 EDEN VIEW CT.					
P.O. BOX 608354					
ORLANDO FL 32860-5354					

2. Principal Place of Business

Mailing Address

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

2a. Mailing Address



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

|--|--|--|--|

3. Date Incorporated or Qualifed

12/08/1986

21		26					12/00/1000				
Suite, Apt.	#, etc.	Suite, Apt. #, etc.				4. FEI Number 59-2776543			ied For		
22		27					39 2110340		Not Applicable \$8.75 Additional		
City & Stat	te	28	City & State				5. Certifcate of State	us Desired 🐧	1	Fee Requ	
Zip	Country		Zip Cou			•	6. Election Campaig	n Financing		\$5.00 M	lav Be
24	25	29		30			Trust Fund Contr	- 1	J	Added to	Fees
,	9. Name and Address of Current	11	10. Name and Address of New Registered Agent								
o. Italia alia Address di Gallanti toggisto i gall					81	Name					
AMADDAY LAUDA											
MADDOX, LAURA					82 Street Address (P.O. Box Number is Not Acceptable)						
4848 EDEN VIEW COURT					83						
OHLANDO	) FL:32810 ( , )							,			
					84	City			FL	85 Zip Co	ode
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											
office or I	registered agent, or both, in the State of	f Florida	Such change was a	utnonzec	ז עם נ	ine comporatio	n's board of directors. I	hereby accept th	e appoint	nent as regi	stered
agent. I a	am familiar with, and accept the obligation	UHS OT, D	966001 0 17.0303, F#C	niua Stati	ul <del>o</del> s.						
SIGNATURE	Signature, typed or printed name of registered agent	and title # a	policable /NOTI	E: Registered	Agent	t signature required	when reinstating)		DATE		
12.	OFFICERS AND			13.			ADDITIONS/CHAN	IGES TO OFFICI	ERS AND	DIRECTOR	S IN 12
TITLE	P		☐ DELETE	1.1 TI	TLE			•		Change	Addition
NAME	NEE, JOHN			1.2 N	AME						
STREET ADDRESS	10.00			138	REET	ADDRESS					
	ORLANDO FL				TY-ST				-		
CITY-ST-ZIP	T		☐ DELETE	2.1 T		-21				☐ Change	Addition
NAME	MADDOX, LAURA		_	2.2 N			•				
	AS AS EDEN LIEU COURT					ADDRESS					
STREET ADDRESS	ORLANDO FL			1		T•ZIP					
- CITY-ST-ZIP -	D D	<del>-</del>	DELETE	3.1 T		1 Zir		<del></del>		Change	Addition
	ALVAREZ, CAROL		_	3.2 N							
NAME	ACCO EDEN DADY DO			ı		ADDRESS					
STREET ADDRESS	ORLANDO FL				ITY-SI			•	•.		
CITY-ST-ZIP	D ORLANDO PL		☐ DELETE	4.1 TI		1- LII				Change	Addition
NAME	CORBIN, LEO			4.2N				•			
	ANA EDELLISEN OF					ADDRESS				•	
STREET ADDRESS	ORLANDO FL				TY-ST						
CITY-ST-ZIP	D		☐ DELETE	5,1 TI		1				Change	Addition
NAME	RUTLEDGE, JAY			5.2 N							
STREET ADDRESS	TOO A EDELL MENT OF			5.3 S	TREET	ADDRESS					
	ORLANDO FL		,		TY-ST		•	* .			_
CITY-ST-ZIP	S			6.1 TI		- 4		· · · · · · · · · · · · · · · · · · ·		Snange	Addition
	DOODY, CINDY			6.2 N	AME	1	one Johnson	n		. •	-
NAME	_					ADDRESS 2	1849 Eden Llie	is Ck			
STREET ADDRESS	1				TY-ST	7	Svends 4	800ID			
CITY-ST-ZIP	ORLANDO FL			0.4 G		<u>U</u>		ンみそりひ			

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:

JUSIG HANNEGUEZQUIRE

22/99 407-345-383 Date Daytime Phone #